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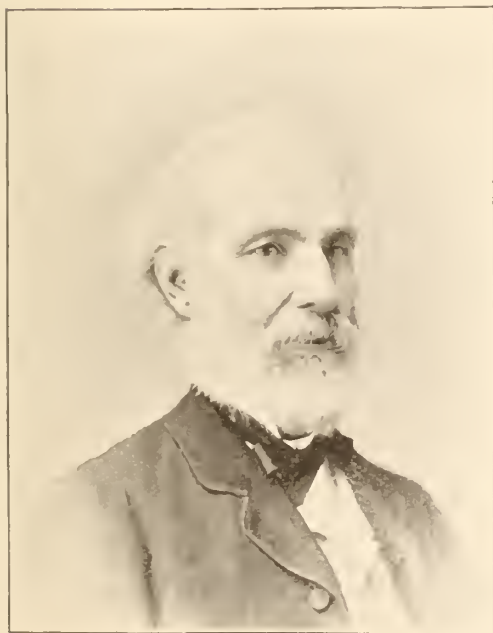
133 WILLIAM STREET

The American Homeopathist.

NEW YORK, JANUARY 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



A. C. CLIFTON, M. D.,
Northampton, Eng.

THE ANN ARBOR LABORATORY.

HARD upon the rumor that the old-school physicians of Detroit are training their guns upon Grace Hospital, with a likelihood of success in opening those doors to their representatives, comes the declaration that the Regents of the University of Michigan have had a meeting (on December 16) and acted promptly and favorably upon Professor Dewey's recommendation and request for the establishment of a homeopathic pharmacological laboratory, for the purposes of provings, preparing of remedies,

etc., and that the Regents made an ample appropriation for the same. In view of this very evident and palpable *bona fides* of the Regents, would it not be well for the Michigan profession to drop the removal idea and all hands turn in to build up and fortify the Ann Arbor school? Surely, when it is made manifest that the profession of Detroit seems indifferent to the plainest duty in its one homeopathic hospital, neglecting it, and giving it the cold shoulder generally—surely, the thought of founding there a new school or of disrupting the present Ann Arbor college, must be or should be abandoned. The AMERICAN HOMEOPATHIST has been a consistent advocate of the removal project until very lately—until we learned from reliable sources, verified by published statements, of the tide of indifference which seems to have swept over the Detroit profession. A school to be manned (and woman'd) by a faculty which cannot or will not defend its theretofore existing possessions would be a sorry spectacle in the college arena; and would be the prey of contending aspirants for the various chairs. Whatever was the cause of the "late onpleasantness" at Ann Arbor, putting it at its worst, the present government is evidently sincere, and entitled to the support not alone of the Detroit and Michigan profession, but of the school at large. In many of our earlier editorials we spoke of the fact that if the faculties of the Ann Arbor school, with some three or four glowing exceptions, had been true homeopaths, and really intent upon advancing homeopathy, and not so much in advancing themselves, to the ridicule of the faculty and the hurt of the school, no one would have thought of any change in the school, such as was proposed by one or two members.

The ever-present argument of the Removers, that there are better and more varied clinics in a large city than in a small town, would come with more force and grace from men and women who were truly concerned in keeping up such excellent clinical opportunities as were already in their keeping; besides all this, is not this greater clinical idea very much of a fetich? Many a young man who has spent a few years in a hospital (where surely the clinical facilities were at the best) has, when he merged into the actual practice, found, to his chagrin and disappointment, that his later practice was wholly different from the rough-and-tumble, harum-scarum dispensary, amphitheater, before the class, and even the hospital practice because of total change of environment. True, to be a good skater one must try the ice; but it is not necessary to do the skating always or only in covered rinks, with warm stoves and brass-band accompaniment. Does not too close an adherence to hospital rules and regimen unfit many a young man or woman for the practical practice of his profession? We know this to be true of some trained nurses, who, having once been graduated, thereafter become unfit to wait upon the weak and ill unless all the hospital accessories are at hand. Common judgment seems to have been destroyed.

The usual clinical instruction of a medical school must, of course, be had, in order to fit the graduate for his future labors, but that he should give the major part of this time to holding down the benches of the dispensary or the clinical amphitheater is a mistake. The trouble is, at this day, that clinical instruction has degenerated in the main, into mechanical, *i. e.*, surgical, measures; and unless the student is shown thus and so many cases of disembowelment of the one sex, or amputations in the other each semester, then the quota seems unfilled—a long-felt want unsatisfied. In the olden time, before the aggressive rise of the modern school of surgery, hospital and dispensary practice meant treatment of sickness; a hospital was a place of refuge, a place of quiet, a place where, surrounded by all the arts of peace, a patient suffering with a painful disorder might be wooed back to health and strength. Such experience for a student was

worth his whole college fee, because of this nature would be his future sphere of usefulness. But now, how many hospitals do we find to be aught but a surgical Aceldama; a place for mechanical work; where the moans and cries of agony of the operated upon pierce the stillness of the night watches, and render miserable the other inmates?

We are assured, and have reason to believe in the assurance, that the Ann Arbor school is being given every needed aid in the way of proper and legitimate clinics. It would be indeed refreshing to have one up-to-date homeopathic school NOT parade in its Annual Catalogue of Horrors that each Senior had held the dexter or sinister leg of eighty-three women, while the eminent gynecologist delved within the abdomen; that each Senior had helped to medicine or bandage 173 cases of post-operative laparotomy; or had witnessed or held the towels or basins in ever so many and a half cases of surgery done at the city hospital, or morgue, or dispensary or other grewsome place or Dime Museum. Out of a jug can be poured nothing but that with which it had first been filled. A graduate who has been taught, by some precept but more example, that the mechanical end of his profession is the chief end and aim of his life, will carry that into his practice, until a few years of hard knocks bring him back to Hahnemann's first great dictum: "A physician's highest and only calling is to restore health to the sick, which is called Healing."

The Ann Arbor School is going at it right. It proposes to establish pharmacological laboratories and so induct its students into the why and wherefore of homeopathic provings, symptoms, medicaments, and results. This is a practical demonstration of homeopathy, and a very gratifying step in the right direction for the graduate, who finds presently that his medical knowledge has more draughts made upon it every hour of the day than his surgical, even as one hundred is to one.

Under the enthusiasm of Dewey, Hinsdale, and Parmelee, much will be accomplished for homeopathy at Ann Arbor. And we bespeak for them the united support of the Michigan profession.

Materia Medica Miscellany.

References in this department are made by number, as follows: Chironian,²; Clinique,³; Hahn. Adv.,⁴; Hahn. Mo.,⁵; Envoy,⁶; Jour. of Obs.,⁷; Physician,⁸; Recorder,⁹; Sun,¹⁰; Clin. Reporter,¹¹; Journal of Hom.,¹²; Indicator,¹³; Century,¹⁴; Counsellor,¹⁵; Era,¹⁶; Visitor,¹⁷; N. E. Med. Gaz.,¹⁸; Times,¹⁹; N. Amer. Jour.,²⁰; Pacific Coast Jour.,²¹; Southern Jour.,²²; Hom. News,²³; Jour. of O., O. & L.,²⁴; Argus,²⁵; Revue. Homœo.,²⁶; Arch. für Hom.,²⁷; Allgem. Hom. Zeit.,²⁸; Zeitschrift für Hom.,²⁹; El Prog. Homœo.,³⁰; L'Art Méd.,³¹; L'Homœo.,³²; Hom. Maed.,³³; Hom. World,³⁴; Hom. Review,³⁵; Jl. Br. Hom. So.,³⁶; Foreign Journals not Hom.,³⁷; Am. Journal, not Hom.,³⁸; Indian Hom. Review,³⁹; Materia Medica Jour.,⁴⁰; Minn. Hom. Magazine,⁴¹.

Sanguinaria IN MEGRIM.—Dr. Barrow.³⁵—Mrs. W., for three years or more, has had severe attacks of headache with nausea and vomiting. The attacks occurred every week and lasted about twenty-four hours. They began usually in the morning, increased in violence during the day, and are aggravated by motion, noise, and light. Sleep gives relief, but cannot always be obtained. Sanguinaria *ix*, *ter die*, was prescribed during an interval. The usual time for the attack passed over without anything more than a slight headache, and since then there has been no return, now over twelve months.

Natrum Muriaticum IN MORNING SICKNESS.—G. F. Thornhill.⁴⁰—I had occasion to treat a lady for morning sickness in pregnancy, and the leading symptom was craving for salt. Said she felt as if she could eat the brine out of a mackerel kit. I left three powders of *nat. m.*, with directions to take one after each sick spell. Saw her in a few days, and she said she had no occasion to repeat the dose.

Xanthoxyllum IN DYSMENORRHEA.—Dr. Barrow.³⁶—Miss R., *æt.* twenty-seven, had suffered for years from dysmenorrhea. Her sufferings at the menstrual period were so great that life became almost unbearable. She had tried all kinds of treatment without obtaining the slightest benefits. She had been an in-patient of the Royal Infirmary, where she was told she had a "conical cervix"; under chloroform an operation was performed. This did not result in any relief to her sufferings, the catamenia being accompanied as usual with violent pains. Two years after the operation, Miss R., worn to a skeleton with suffering, and despairing of getting relief, came under my notice. I prescribed xanthoxylin *ix*, *ter die*, a fortnight

before the menstrual period. In due time the menses appeared, and, to the great joy of the patient, there was very little pain. The remedy was continued for some time, and when left off the patient was completely cured.

It is now three years since the patient first came under homeopathic treatment. During the whole of that time there has been no return of the pain at the monthly period.

Gratiola IN DIARRHEA.—The following two cases are reported by Dr. C. W. Sonnenschmidt.⁴ Mrs. C., *æt.* fifty-five, was attacked in June with diarrhea; passages yellow, watery, frothy, gushing out with force. Severe cutting pains in abdomen, rumbling of flatulence. Occasional nausea and vomiting.

Prescribed colocynth 6th every hour, and next day ipecac. 6th, but without improvement; passages more frequent. Other symptoms were aggravated. Upon close inquiry I found that a cold feeling in the abdomen had existed from the beginning and still persisted. Then I prescribed *gratiola off.* 3d, which cured the case very promptly.

An infant, three weeks old, was attacked with diarrhea and severe colic. There were two or three passages in quick succession, and then an interval of an hour or two. Passages green or yellow, watery, frothy; nausea, vomiting. Severe pains before stools, relieved afterward for a short time; passages expelled suddenly.

Cham., *coloc.*, *verat. alb.* and other remedies, given during the next few days, failed to relieve the little patient. Then a careful study of the symptoms, especially the yellow, watery, frothy stools, gushing out with force, induced me to give *gratiola off.* 3d, which promptly cured the case.

I should mention here that in this case there was a decided redness around the anus, and on one side an abrasion of half an inch in extent, which caused some oozing of blood. This also improved rapidly under the influence of *gratiola*.

I have no doubt that this case also had the cold feeling in the abdomen, but had to be treated by the objective symptoms alone.

Thlapsi Bursa Pastoris.—HEMATURIA FROM RENAL CALCULUS.—Dr. A. Midgley Cash.³⁸—A worn, emaciated man of sixty-three years, ailing a long time. There are pains

about kidneys. He is passing large uric-acid crystals in his urine, also pus and a good deal of blood. This is sometimes bright, but often of a dark color. Bleeding is always increased by the least movement. His bladder has been sounded, but no stone could be detected.

Arnica, *millefolium*, *hamamelis*, and *terebinth*, all have been tried, but with little if any result. Two drops of the mother tincture of shepherd's purse were given every two hours.

In five days the blood was markedly and strikingly less. Patient was able to return home, a distance of four miles by train, which he accomplished "without any aggravation to speak of." The bleeding was checked after it had been on him for twenty-two days. He wrote three months later saying that there had only one return of the bleeding since, and then he had a short attack which was brought on after riding over some cobblestones one day when out in his bath chair.

Aurum IN RHINITIS.—Dr. Cash.³⁶—H. B., a small boy of seven. His nose is obstructed by crusts around and inside the nostrils. The mucous membrane is red and sore, and a thin, irritating discharge is present, causing redness also of the upper lip. The boy has been ailing several weeks, and nothing seemed to do any good. Child's condition is low, and he has a chronic cold about him.

Aurum met. 3x, in one-grain powder was given, and a boracic ointment locally. Improvement began at once, and in about eight days the nose was practically cured.

Natrum Muriaticum IN CATARRH.—Dr. Majumdar.³⁷—A young man, about twenty-five years of age, came under my treatment on the 24th December, 1885. He had been frequently troubled with catarrh of the nose every year about the end of rains, which continued with more or less severity till the end of winter. Frequent attacks of cold and catarrh of nose diminished his sense of smell to such an extent that he could scarcely decide between good and bad odor.

The catarrh was of an excoriating nature, *alæ nasi* and the neighboring parts were sore and raw by the constant outpouring of mucus from the nose. The nature of the discharge was thin, watery mucus. There was a good

deal of itching in the nose, and constant rubbing would give him a temporary relief. The nose was sometimes stopped. Sneezing was constant at night in bed and while undressing. He often complained of his nostril being swollen and indurated. Several homeopathic remedies were tried by an amateur homeopathic practitioner to no permanent effect. Allopathic medicines were of no avail.

I gave him *natrum mur.* 30th, one dose twice a week. His troubles were at an end, after taking the medicine for two weeks. I stopped *natrum mur.* for the season. He was free from catarrh the next season and the whole of the winter. It is a matter of rejoicing that my patient regained the sense of smell to its fullest extent.

Fucus Vesiculosus IN EXOPHTHALMIC GOITER.—Dr. H. J. Knapp³⁸ presents an interesting case in the belief that he has discovered a specific. He says:

After treating many cases of exophthalmic goiter, I have come to the conclusion that I have found a specific for that disease in *fucus vesiculosus* (sea wrack). I will record one case. Mrs. Mary B., age twenty-four years, German, came into my clinic at the Brooklyn (E. D.) Homeopathic Dispensary, to be treated for swelling of the neck of several years' duration. I gave her the tincture of *fucus ves.*, thirty drops three times a day. The treatment began December 1, 1895, and patient was discharged cured, on October 2, 1896. Would be pleased to hear from any others who have had any experience with *fucus vesiculosus*.

[This for a time was a much advertised anti-fat. Like another anti-fat also still in the market, other virtues are being ascribed to it.—ED.]

Hepar Sulphuris IN WELL-INDICATED CASE.—Dr. Stephenson.³⁹—A child, about five years old, was brought by her mother, who stated she was very subject to sore throats and cold. Every time she went out in the evening she would return with a loud, croupy cough. There is enlargement of the tonsils, and numbers of hard, swollen glands in the neck.

She has suffered from eczema ever since she was vaccinated, four and a half years before. It takes the form of thick, brown, moist scabs, which cover the chin, lips, and corners of the mouth. There is a raw surface behind one ear,

several pustules on the legs and fingers. Slight scratches do not heal well, but go on to suppuration. The child is sensitive to the cold, likes to be well wrapped up.

Regarding all these symptoms as various expressions of the one disease, and curable in the safest and speediest manner by the remedy which would induce a like condition of ill-health in healthy persons, I gave her *hepar sulphuris* 12x, three times a day. This well-known remedy has produced in different persons all the above-mentioned symptoms; it has in my own practice cured them repeatedly. The croupy cough, sensitiveness to cold, and enlarged glands of the neck are a combination one frequently meets in general practice, and in my experience they are always benefited or entirely removed by this medicine. In this case, at all events, the effect was all that could be desired.

Thuja Occidentalis IN PERSISTENT COUGH.—Dr. Geo. Royal ⁴¹.—A young lady came to me for a persistent cough. She was nineteen years old, light complexion. Troubled with a leucorrhœa, green in color and excoriating; menses a little too early. The family history was good. Had never had a cough before; in fact, called herself perfectly well. But for three months had had this dry, painless cough. No expectoration. The irritation was all in the throat. The lungs were sound. Examination revealed a half dozen small growths in the posterior surface of the throat and one near the vocal chord. She had had homeopathic treatment, both local and internal, for three months without result, and declared that she "would have nothing more done except to take medicine" (i. e., no local treatment.). Under *thuja* 30th the growths disappeared in about three weeks, and with them the cough.

Rumex Crispus IN COUGH.—Dr. J. P. R. Lambert ²⁶ directs attention to the value of *rumex* in laryngeal cough. The cough itself is irritating, dry, and spasmodic, appearing in paroxysms. It is provoked by a sensation of tickling in the sternal notch, or it may be lower, in the middle or lower portion of the tube. It may be brought on by lying down, or from turning from the back to the side, or from passing from the air of the room into the open air. Its principal characteristic is a tickling beneath the

sternum. The remedy also acts upon the skin, determining an intense pruritus, which is especially noticed on undressing at night. This may be accompanied by an eruption of small papules.

Kali Bichromicum IN HEART DISEASE.—Dr. Ide ²⁹ of Stettin, Germany, has found *kali bich.* to do good service in angina pectoris of gastric origin, but he would think it more indicated in essential heart weakness, especially in chronic myocarditis. He had under treatment a case with decided cardiac incompetency, great general weakness, and œdema around the malleoli. The patient, from sheer weakness, was unable to speak loud, and, at times, was wholly voiceless. *Kali bichr.* here did efficient service. Here it is analogous in action with *arn.*, *cuprum*, *glonoin*, and *veratrum*, as well as *arsen.*, *brom.*, and *digitalis*.

All the potash salts have an affinity for the heart where especially the dyspnœa, sensation of pressure and painfulness in the chest, with the violent and anxious palpitation, point to its homeopathicity in this sphere. In death from poisoning by this drug, the heart first fails.

Thuja IN TWO CASES VERIFIED BY WARTS.—CASE I. A ⁴¹ man aged thirty-six, of loose fiber, of good habits, but who had suffered from rheumatism from boyhood. (His father had had syphilis.) On his hands were some large warts, two of them where they were being constantly irritated by his cuffs. The "warts" as well as the rheumatism he had had since boyhood, but of the former he was never free. In 1890 I gave him some *thuja* out of the same vial that I used in 1882, and had him apply the tincture externally. The growths disappeared in about four months, and he has been free from them, as also of rheumatism, ever since.

CASE II. A man aged forty-seven, generally healthy, rather loose fiber, with a tendency to catarrh, who had suffered from otorrhœa when a young man, came to me for the removal of growths about the anus. They were very vascular and red, resembling a cock's comb, and besides being painful, caused most intense itching when the man perspired. *Thuja* 30th cured so that he was not troubled for years, when, there being a tendency to return, as shown by the itching, a few doses of *thuja* relieved the itching.

Iodoform Poisoning.—Dr. C. G. Cru-meine. —Poisoning by iodoform, or surgical iodoformism, is a more common and sometimes serious result of dressing small wounds with this substance than is generally supposed. Herpes, lymphangitis, pruritus, and even a very serious polyneuritis have been traced to this cause.

Caulophyllum in Painless Labor.—Dr. R. M. Lutz. —Was called one night, about a year ago, to attend a case of confinement. On arriving at the residence removed my overcoat and made an examination; found a normal case—membranes ruptured and labor proceeding. In just twenty minutes the child was born—afterbirth came all right. This was her first-born. The remarkable feature of this case was that the patient had no pain or pains from first to last—not the slightest. I inquired if she had been taking anything and was informed that she had been drinking squaw-root tea for four or five months. Had gathered the fresh roots in the woods and steeped them in water and had taken a drink of this tea twice a day. She had a large bunch of these roots left, which I carried to my office.

ANTIMONIUM CRUDUM IN A REMARKABLE CASE.

By G. W. PALMER, M. D.

MRS. T. A., age twenty-six, Canadian, leucoplegmatic temperament, had given birth to two children; both very difficult labors and instrumental delivery in both cases; the first under old-school care, the last under my charge. she had *ante-partum* treatment prior to last labor, but it did not seem to assist matters in the slightest degree. A history, from puberty, of very difficult menstrual periods with nausea and vomiting about two weeks. After each period her physicians called it gastric catarrh and only relieved her by large hypodermic injections of morphia sulph. This status of affairs continued for ten years—in fact for two years after she came under my care—and I could not give anything but temporary relief. She was constipated at times, then would be all right for weeks, then constipated again, when the attack would begin again. They would usually start in the night with a deathly sick feeling at the pit of the

stomach, belching of gas that was very offensive; then vomiting would begin and continue until everything was expelled from the stomach and the belching would continue, when a yellow jelly-like slime would be raised, sometimes streaked with blood; this would continue until patient was exhausted. If she could have a stool at the start of the attack it would cut it short. The straining was so violent at times that flatus would pass the bowels.

Morphia only aggravated the symptoms during the last two years; hot applications to abdomen did no good—patient restless, tossing from one side of the bed to the other.

Remedies homeopathic, from A to Z, were used without any effect until the first week in August, 1895, when, after using several remedies such as ipecac., iris, arsenicum, with no results I returned in despair and looked up my materia medica, very carefully selected out antimonium crudum and gave one dose of the c. m. This was during the worst attack she has ever had, and I am very glad to say it was the last attack. She immediately stopped vomiting and in thirty minutes was sleeping quietly and has made a good recovery, with the remedy only repeated once during that time.

WESTBURN, IA.

WHAT IS THE MATTER WITH THE "CYCLOPÆDIA OF DRUG PATHOGENESIS"?

THE village gossips were sitting at tea, when one of them remarked, "Yes, Mr. Brown has had his tonsils removed." A sympathetic old maid, who was somewhat hard of hearing, instantly exclaimed: "Good gracious! has he? And he was so fond of children, too!" Similar surgery has done it for the "Cyclopædia."

It is a law in hydraulics that the fountain cannot rise higher than its source, and this law holds good in many things else.

The "Cyclopædia of Drug Pathogenesis" is the aftermath of the Milwaukee Test. The fountain cannot squirt its little stream higher than its source; no, not if its editorial octette, in the height of the sweet-cider season, united their private contributions to increase the pressure. Not a drop or dribble can rise beyond the place of its origin, although the octuple

editorial "we" grew redder in the face than a turkey's wattle with the heroic resolve: "Pike's Peak, or bust!"

The spirit of the Milwaukee Test inspired the last of the nine "instructions" which were as a strait-jacket to the editorial corps. The sting of the scorpion is in its tail end, and just there is the sting that slew the usefulness of the "Cyclopædia." Consider the tail end of the "instructions":

"9. Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below."

"So fond of children," and yet ablating the "tonsils" in one fell sweep! What could the forthcoming "Cyclopædia" be other than a spurious conception; a bunch of soulless and spiritless hydatids, as slimy and slippery as the parental "Test" that begot them in the fury of its futile and fatuous orgasm?

Why did not the editors take for the motto of their "Cyclopædia,"

"Lasciate ogni speranza, voi che entrate"?

Look at the ungracious insinuation flung at provers fully as honest and probably as capable (!) as the arch-editors—for that "Consultative Committee" was as superfluous as the curl in a pig's tail—"symptoms *reported* as coming from attenuations above the 12th decimal." As if these were fabrications! Or, to change the place of the italics, "symptoms *reported* as *coming from attenuations* above the 12th decimal." Does the change help the matter? Does that insolent prejudgment of the potentiality of the attenuations have any other basis than the "logic" of the Milwaukee Test. An egg from an unclean bird; an egg that had not in it the living germ of Truth, which alone could save it from stinking; an egg that could generate only a deadly gas which has at least the merit of *sinking* to the Pit from whence cometh every lie!

But this ninth "instruction" has in it a qualification which the acting editors either overlooked or were incompetent to apply. That is, they were to include symptoms "coming from attenuations above the 12th decimal *only when in accord with* symptoms from attenuations below." The editors have entirely ignored this.

That adept in proving work, Constantine Hering, wrote of the provings of *palmita latifolia*, "In making the trials (as is my custom) the low and the high dilutions were both employed in the same persons, where it was practicable; and he who does not or will not see the resemblance of the symptoms severally produced by them is to be pitied; but to perceive the difference requires practice and close investigation." What "practice" had these editors had, and what evidence do they give of "close investigation"? The "practice" that does not rest upon personal experience in proving is worth about as much as an old maid's dissertation upon the pangs of Maternity. It is nearly as intelligent as the Confessions of an Afterbirth; no, it isn't; for the after-birth has "been there" and the non-proving editor hasn't. I would, then, rather accept the evidence of a semi-intelligent placenta, especially if it knew nothing of the Milwaukee Test.

The editors have excluded provings "from attenuations above the 12th decimal" which are admissible according to the ninth "instruction." Evidence thereof will now be given, and first in the instance of the provings of picric acid.

The first homeopathic prover of this drug, J. Lance, Jr., took the 30th dilution only, and but four doses of that. His record is here given, and by it the editors of the emasculated "Cyclopædia" must stand or fall:

"December 19. Took one powder of the 30th at 4 P. M.; 10 P. M. ears began to burn and look puffy, with a sensation as if worms were crawling on them. These symptoms lasted two hours.

"December 20, 11 A. M. Heavy throbbing pain under tenth and eleventh ribs, left side, which lasted till noon, then changed to the region of the kidneys and continued till 2 P. M., when they extended into my legs, especially the left; legs felt heavy and very weak; also great weakness in the region of the hips; legs below the knees feel very sore and tender to the touch. Severe pain in the anterior portion of the leg, when touched. These symptoms lasted until 7 P. M., when they commenced to ameliorate.

"December 22, 4 P. M. Took one powder of the 30th. 6 P. M. Muscles on left side, over tenth and eleventh ribs, commenced to throb and jerk, which lasted until 11 P. M. Throbbing

and jerking of muscles in different parts of the body, with severe chills and great pain between the hips of a dull, heavy, dragging character, which descended slowly to the left leg. *Legs heavy like lead*; lifted from the floor with difficulty (left leg worse); *great coldness of the feet*. All pains relieved by sitting still, and aggravated from the least motion, and from getting up. Symptoms lasted until 11 P. M. Sleep very restless until 12. *Great sexual desire, with emissions*.

"December 23. Great soreness and lameness, especially on left side, when rising in the morning, accompanied by heavy throbbing pains in the head, extending from behind the ears forward to the supra-orbital notch and thence into the eye, with burning, throbbing pains and dilated pupils, conjunctivitis, and lachrymation. Everything seems blurred, as if looking through a fog or a thick veil.

"10 A. M. Can read only with the book about five inches from the eyes; can't keep them open. Profuse cold, clammy sweats, with great chilliness. Great weakness of legs, especially the left, which trembles. These symptoms all grew worse until after 2 p. m.

"2 P. M. Severe, heavy, dragging pains in the region of the kidneys and the back of the neck, extending upward and downward till they meet between the scapulæ; veins sunken and small, especially on the left side; pupils dilated: eyes feel worse on moving them, or turning them upward; can't collect thoughts at all, or study. All the head pains eased by bandaging the head tightly. All pains lasted until 12 P. M. Sleep restless until 12 P. M. Great sexual desire, with terrible erections; urine profuse, color normal, very hot when passed, accompanied with burning pain in urethra, which feels as if burnt.

"December 25, 11 A. M. One powder of 30th. 4 P. M., terrible pains in neck and occipital region, extending to supra-orbital notch and thence into the eyes, as before; pupils dilated; everything looks blurred; can see to read only at one point, five inches from the eye. Urine passed with burning, scalding pain. Headache lasted all night. Sleep restless until 12.

"December 26. Very tired; lame and weak sensation when arising from bed. Every hour in the day darting pains in various parts of the

body, extending into the bones. Great heaviness of the hips and legs, lasting all day. Throat feels raw, scraped; stiff and hot, as if burnt; throat red; collection of white mucus on the tonsils; great difficulty in swallowing, with sensation as if the throat would split open. Saliva white, frothy, and stringy; hangs in long strings to the floor. Very great thirst for cold water, which is drank in large quantities without relief. Can get the breath only halfway down. Stools light-colored, and passed with much burning and smarting in the anus, continuing an hour afterward. Small, painful, furuncles around the mouth and face; when opened they exude a thin, clear serum, which soon dries into a transparent scab; they then become pustular and very painful, and contain a thick, opaque pus.

"January 6. One dose of 30th at 12 M. 9 P. M. Heavy (fullness) dull pressing pain in the head, as if it were full of blood. Heavy pain in occipital region, extending down the neck and spine. 10 P. M. Dull, heavy, throbbing and burning pains, commencing in occiput and extending to supra-orbital foramen, and thence into the eyes, which throb and feel sore to the touch. Conjunctiva injected; lachrymation; pupils dilated; have to bring objects close to the eyes to see them; seem to be looking through a veil; can see to read clearly only at one point, about five inches from the eyes; heavy, pressing, smarting, and burning pains in the eyeball, relieved by pressure; heaviness of the lids; gaslight hurts the eyes; pains generally about the head, relieved by pressure. *Great heaviness in the extremities, especially the left*; legs feel heavy as if made of lead; *extremities cold*; sleep restless, tossing until 12; then fell into a heavy, restless sleep; awoke unrefreshed; limbs felt cold and very heavy.

"January 10. Nausea, bitter eructations after breakfast; sensation as if something was in lower part of the esophagus. 12 M. No appetite; disgust for food; stools loose; light-colored, with cutting and smarting at the anus during and after defecation. Urine light-colored and profuse; burning in the urethra during and after urination; urethra feels as if burnt. Fever; great chilliness, can't get warm; followed by cold, clammy sweat; chilliness predominates;

pulse fifty, small and weak. Aggravation between 11 A. M. and 2 P. M."

This is by far the most significant of all the provings of picric acid; nevertheless it is excluded from the "Cyclopædia," and in direct violation of the ninth "instruction." It is corroborated by provings with the lower attenuations; it presents the fullest "resemblance of the symptoms severally produced by them," and it contains also that "difference," the perception of which "requires practice and close investigation." Indeed, as the proving of a 'prentice hand, it is remarkable; but it was made with the 30th potency.—"The pity of it, Iago!"

Moreover, this particular proving is actually bristling with the evidence of its genuineness. J. Lance, Jr., was the first of Professor Allen's provers to enter upon the pathogenetic investigation of the unknown drug. Therefore it cannot be said that any of his recorded symptoms were *suggested* by symptoms produced by the lower potencies.

Within twenty-four hours from the taking one powder of the 30th, the generic feature of the action of picric acid appeared: "legs felt heavy, and very weak." On the third day, after another dose of the 30th, the prover records, "*Great sexual desire with emissions.*" It is passing strange that, with these picric acid "leaders," Dr. Hughes could not see the "resemblances" that crowd one upon another as if clamoring for recognition; but there are none so blind as those who will not see. Or, mayhap, the editor was in the thick fog of the Milwaukee Test—a worse than Egyptian darkness.

The present writer will not affront the intelligence of the average student of our *Materia Medica* by further insisting upon the "resemblances," by virtue of which J. Lance, Jr.'s, proving with the 30th of picric acid should have found place in the "Cyclopædia." Suffice it that, in the "Cyclopædia of Drug Pathogenesis," picric acid is presented without the "tonsils."

It may interest Dr. Hughes to have, at least, one difference between the action of picric acid in low and in high potencies pointed out to him. We will take the especial feature of the action of picric acid for the instance; we mean the significant *muscular asynergy* produced by it. Dr. Hughes will remember that one who has

himself proved this drug has given "*Speedy exhaustion from slight exertion*," as its grand and ruling characteristic. Now, if Dr. Hughes were capable of "close investigation," he would have been struck with an observation made by J. Lance, Jr., on the third day of his proving: "Can read only with the book about five inches from the eyes." This symptom is again mentioned on the sixth day (December 25) and yet again on January 10: "Can see to read clearly only at one point, about five inches from the eyes." Surely, this "damnable iteration" (truly damnable as coming from the 30th potency) should have attracted attention! What does it mean, translated into its physiological import? Spasm of the ciliary muscles.

How did the profound significance of this symptom escape Dr. Hughes? Had he never seen a "phantom tumor" in the abdominal muscles of an enfeebled woman? Is it not the pathological law that a tired-out muscle shall throw itself into a spasm when enforced to act? Here, then, the *speedy exhaustion from slight exertion* is present, and the ciliary muscles, on being enforced to act, are thrown into a spasm which, by increasing the convexity of the lens, shortens the focal distance.

It is profoundly to be regretted that a proving with the 30th potency should furnish such an exquisite instance of the action of picric acid, and that this very action is in direct accord with "symptoms from the lower attenuations." But long before the Milwaukee Test was spawned it was written: "it is hard to kick against the pricks!"

It must, then, go upon record that the English editor of the "Cyclopædia of Drug Pathogenesis," either willfully or blindly excluded the best, deepest-reaching, and most significant proving of picric acid, and this, too, in wanton disregard of the ninth "instruction." The "Cyclopædia of Drug Pathogenesis" is the aftermath of the Milwaukee Test, and it was the dear, old, industrious devil that blessed the harvest—*Palmarum qui meruit ferat!*

Alas! picric acid is not the only remedy in the "Cyclopædia" that has undergone this editorial tonsilotomy: *argentum nitricum* is also similarly "altered." One can but wonder if the editor was aware of the "difference" he was

making! Some of Hering's "close inspection" should have shown him a thing or two.

Dr. Hughes has omitted Dr. J. G. Mueller's proving with the 30th potency, and yet it denotes a "difference" upon which a life may depend. A clinical case will best show this, and it is hoped that the witness—he that was Carroll Dunham—will be acceptable to Dr. Hughes.

"Last summer [it was in 1873], I was obliged to prescribe for a child eight months old, which, having an attack of cholera infantum three weeks before, for which it had prompt and good homeopathic treatment, was still ill and presented the following symptoms: A stool about the consistency of cream every three or four hours, not very copious, greenish-yellow, not especially offensive, nor apparently attended with pain. Vomiting of greenish water in small quantity, and sometimes of a little milk. This occurred about every four hours, and generally about an hour after taking food, which consisted of milk and beef juice alternately. The child lay in a sleep or stupor most of the time, the pupils dilated (no strabismus). For several days the urine had been becoming scanty, and its evacuation infrequent. For the last forty-eight hours it had passed, and at once, a quantity estimated as half an ounce of urine. Face very pale, extremities cool, and the skin shriveled. The father, a man of much experience with sick children, thought spasms were about to occur. The child had been under the constant care of very excellent physicians, with whom, however, I had not an opportunity to consult. They were reported to have pronounced the case hopeless.

"While several remedies might suggest themselves as suitable for this case, I knew of only one which, corresponding at all to all the other symptoms, has also the *suppression of urine*, viz., *argentum nitricum*. I gave this remedy in the 200th, two pellets every four hours, and made no change in diet, regimen, or locality.

"During the ensuing twenty-four hours urine was passed twice and in larger quantities. At the end of the third day all the symptoms had disappeared, and the child rapidly gathered strength and flesh, and became and continues well.

"It is an interesting fact that while most of

the provers of *argentum nitricum* report as *first* (and only) *effects, increased frequency of micturition with pain, strangury, etc.*, only those who *proved it in the 30th potency report diminished frequency of micturition, and diminished quantity of urine*. I refer to the Austrian provers."

Lest it be objected that one swallow does not make a summer, it should be mentioned that *argentum nitricum* has been found equally efficacious in yellow fever, the indication being the *suppression of urine*.

These partisan elisions are what have nullified the "Cyclopedia of Drug Pathogenesis" with homeopathic physicians, properly so called, and they have repudiated the emasculation that is fatal to the virility of the properly proven remedy.

The squeaking eunuchs of the "Cyclopedia of Drug Pathogenesis" cannot do a man's work; may the oblivion of the paper mill speedily be theirs—saving only here and there a copy as a warning to any and all who would tamper with the truth at the instigation of the Father of Lies.

ANN ARBOR, November 14.

S. A. J.

VERIFICATIONS.

By WALTER SANDS MILLS, M. D., Albuquerque, N. M.

OUR societies and our journals are constantly receiving and publishing so-called verifications of the homeopathic materia medica. The majority of these are, so near as the reporters can tell, true verifications. But sometimes, I had almost said frequently, reports are accepted by societies or printed by journals which do not bear evidence of genuineness. This may be due to the over-enthusiasm of the reporter. Again, a report may be all right according to the books, but be all wrong according to the facts. Why? Because the patient distorted the truth in answering questions.

I appreciate the fact that it is hard for the chairman of a bureau or the editor of a journal to throw out any given report, and to tell the author that his evidence is defective; still it ought occasionally to be done. No case should be reported as cured when the patient has been seen but once. I have known societies to accept such reports and to print them. Surely, such a report ought not to stand as a cure with an association of physicians supposedly trying to

prove a scientific principle. If one false report is allowed to creep in it invalidates all. Each observer should be required to give enough information about his case to make the report in all human probability a verification.

Let me tell a story with a moral. As soon as I became a member of the New York Materia Medica Society, I had a strong desire to add luster to my fame and value to the meetings by reporting verifications. I wanted my reports to be *true* verifications. With that end in view, I began a search of my records for a case that would stand the scrutiny of the learned members who might be present when the report was read. I did not wish to be told afterward that my patient would have done better had he consulted an oculist or an official surgeon. I wanted it to be self-evident that the cure was the result of the giving of the medicine.

I finally found a case that seemed to fill the necessary requirements. The patient, a night watchman, sixty-seven years of age, came to me at Stamford, Conn., in March, 1892. For many years he had suffered from attacks of supra-orbital neuralgia, the pain being so intense at times that he became delirious. This man had been to many doctors, but had obtained no permanent benefit. As I was the latest comer in the medical profession, he concluded to give me a trial.

I carefully elicited his history, and proceeded to give what I thought to be the indicated remedy. He had already been supplied with the proper form of eye-glasses, but strange to relate they did not help his neuralgia.

After a couple of days my patient returned and reported "better." Meantime I had studied up the case and was sure that I had a splendid illustration of the working of the law of similars. From time to time, for the succeeding three weeks, my patient reported as doing well. As he stopped coming after that I put him down as cured.

A few months later I met this man on the street and asked him how he felt. "Fine, fine!" he said, "I never had anything help me like your medicine, doctor. I have had no neuralgia since I saw you last." Several times after that I met this patient and he told me substantially the same thing.

At length, in the summer of 1895, I wrote the case up for the society as a sure enough verification. It was three years, according to my patient, since his neuralgia had ceased. My medicine had effected the cure and I had stuck to the single remedy.

Just about this time the man's wife came to consult me professionally, and I inquired about her husband's health. This was her answer. "He is very well, doctor, and has been for more than three years. He was in an awful bad way till he went to New York and got some of Dr. ——'s nerve medicine. I believe he would have gone crazy if he hadn't done that."

After she left I tore up that verification and the society lost the history of a most marvelous cure.

The moral is self-evident.

In closing I wish to say a word about each of the verifications reported by me at the October meeting of the Materia Medica Society in 1895.*

When I left Stamford in June, 1896, the patient who had been immediately relieved of urticaria by apis, sent for the name of the drug used, to guard against future attacks.

The patient I reported cured of psoriasis by arsenicum I saw in May, 1896, and questioned about her trouble. She had had no return, a period of two years and three months. The eruption, when under treatment, disappeared. There was no question about that. At the time I made my report my diagnosis was questioned by one of our expert diagnosticians, principally because, as he said, he never had seen a case of psoriasis cured. At a meeting of old-school physicians at which I was a guest a few months ago, I met Professor William H. Thomson of the New York University Medical School. He told me that he had had under observation for many years several patients who had undoubtedly had psoriasis in the past, but who had shown no symptoms of it for fifteen to twenty years. He considered such cases cured. I think most authorities will be found to report similar cures.

Sunday School Teacher—What kind of boys go to heaven?

Small boy—Dead ones.

* Published in *North American Journal of Homeopathy*, February, 1896.

HOW SHALL A BEGINNER BEGIN?

THE AMERICAN HOMEOPATHIST :

In response to the invitation for advice contained in a previous issue, relative to what books a "beginner should begin" with in homeopathic therapeutics, may I suggest the following, giving my reasons for the use of the majority of the books recommended?

I would recommend the following five groups of books, to be used as specified under each separate group.

Group I. (To be read only.)—"What is Homeopathy?" "How I Became a Homeopath," and "The Truth About Homeopathy"—all three tracts by Dr. William Holcombe; the "Test at the Bedside, or Homeopathy in the Balance," by Dr. Pemberton Dudley; the "Institutes of Homeopathy," by Dr. Boericke of San Francisco; and "Sharp's Tracts." Any or all of the foregoing will serve to establish his *belief* and *faith* in the therapeutic methods he is about to adopt.

Group II. (To be *studied*).—Dr. Conrad Wesselhoeft's "How to Study Materia Medica"; Burt's "Characteristic Materia Medica Memorizer" will give him the "gist" of symptoms of the principal drugs in our materia medica; Hughes' "Manual of Pharmacodynamics" will tell him *why* and in what diseases our drugs are used, also what potencies have been most successfully employed. He will find this work very interesting reading, as it is written in didactic form. The first hundred pages contain valuable information concerning the "Sources of the Homeopathic Materia Medica," the "General Principles of Drug Action," "Homeopathy—What it is," and "Homeopathic Posology." In "Hughes' Manual of Therapeutics" he will find under the name of each disease the drugs employed, and the special indications for each drug mentioned. The same, in greater part, may be said of Carrol Dunham's excellent works.

Group III. (For reference).—Dr. Farrington's "Clinical Materia Medica," I believe, compares and differentiates drugs in the different diseases as no other book in our school does; the "Organon," for its *careful study*, and the verification of citations frequently made from it.

Group IV. (Additional reference).—Good-

no's "Practice of Medicine"; Cowperthwaite's "Materia Medica and Therapeutics"; Lilienthal's "Therapeutics."

Group V. (For the pocket, or ready reference).—Johnson's "Therapeutic Key," Gatchell's "Key Notes of Medical Practice," Custis' "Compend on the Practice of Medicine"; "The Prescriber," by Clarke (London); and the "Bee-Line Repertory," by Stacy Jones. All of this group are so useful in their sphere that it would be a difficult matter to recommend any particular one to the exclusion of the others. The writer has all of them, and does not see how he could get along without them.

By the time our "Beginner" shall have gone through most of the above books, or before he shall have gone very far in any of them, supplemented also by an occasional chat with some near-by thoroughly homeopathic practitioner, he will be a pretty good enthusiastic homeopath himself, and it is "dollars to doughnuts" there will soon be a "clearing out sale" or bonfire of old-school literature.

Yours for *similia similibus*,

L. E. D.

I can sympathize with your correspondent, "J. R. B.," for I have "been there" myself. I would recommend him to get Chepmell's "Hints," and Professor Dr. W. A. Dewey's "Essentials of Homeopathic Materia Medica" and his "Essentials of Homeopathic Therapeutics." When he has mastered these he will have made a good beginning. The great difficulty is the selection of the appropriate remedy. If he succeeds in doing this, and gives his medicines in doses too small to produce pathological effects, and does not repeat them too often, lessening or omitting them during a favorable reaction, he will be surprised at the results.

And now I wish to add a word or two of inquiry for myself, who am also a beginner. I would like if the editor would favor us with practical details as to the homeopathic treatment of typhoid fever, with a special reference to the management of high fever and intestinal ulceration. I have recently seen some very good effects from phenacetin in 2 to 6-grain doses, every four hours, in controlling the fever,

preventing delirium, sordes, etc., and generally rendering the patient more comfortable. I would like to know how far this use of phenacetin can be regarded as homeopathic treatment, and whether or not it is at any time resorted to by homeopathic physicians.

M. D.

ONTARIO, CANADA,
December, 1896.

I notice in the AMERICAN HOMEOPATHIST of December 1 an inquiry of "J. R. B.," and you ask for advice from your readers. I know what this means, having been in the same or similar condition. I would advise "J. R. B." to read Currie's "Principles and Practice of Homeopathy," published in 1837-38.

"Currie" wrote these two volumes while Hahnemann was yet alive, and I believe was a student under this immortal founder of our school.

G. W. PALMER, M. D.
WESTBRANCH, IA.,
December 7, 1896.

THE DUTCH BLANKET.

WE have met with no more convenient and cleanly device for keeping the bed from being soiled in obstetrics than that popular among our German population and known as the "Dutch blanket." It is simple, being nothing more than twenty or thirty sheets of common newspaper sewed together so as to form a pad, and this is to be placed under the lying-in woman during accouchement. This obviates the necessity of having on hand a rubber or oil-cloth, both of which are cold and uncomfortable, or having pieces of old comforts which usually go to swell the wash after confinement. With this pad no washing of cloths is necessitated, as the pad may be gathered, together with its contents, and be thrown into the vault. It is well to place a thin cloth—a piece of sheet—upon the face of the blanket so that direct contact with the paper may not be unpleasant to the woman. Such an arrangement may not meet with favor from those bacteriologically inclined—but then, common sense is always more valuable than pseudo-science—and we will continue to use the "Dutch blanket."

HOMEOPATHY, OR—"HOGWASH."

A HOMEOPATHIC journal chaperoned by eight editors, published in the Northwest, presents the following case from an Iowa contributor, who was interrupted in his religious worship, which is worth reading from a negative standpoint, in order to learn how not to treat "A Throat Case" homeopathically:

"Was called out of church one Sabbath evening by a gentleman who had driven in from twelve miles in the country to consult me regarding his daughter, who had a 'very bad throat,' as he expressed it. The symptoms he gave, together with the fact that diphtheria had been somewhat prevalent in his part of the country, led me to fear this disease, but upon the indications given, I sent out merc. viv. 6x and bella. 3x, to be alternated, and told him to 'phone' me at ten o'clock the next morning if the conditions were no better. I did not hear from him, and supposed that the case either made a good recovery, or, getting worse, some nearer physician had been consulted, until Wednesday morning when he appeared at the time when I was getting in my best sleep—4.30. . . One hour from the time I left my office I was examining my patient, a girl of sixteen years. Found an aggravated case of tonsilitis, the left tonsil being involved. I ascertained that the medicine prescribed on the previous Sunday night had done good work, but a 'fresh cold' had developed into the conditions I found present.

"The whole mouth seemed filled with tonsil, the swelling extended into the throat and left cheek. Speech was almost impossible, and swallowing exceedingly difficult and painful. The pains were sharp, shooting, and lancinating in character and extended from the throat to the left ear.

"Pulse rather rapid, full, and strong. Temperature 102°. The swelling was exceedingly hard, and lancing was not to be thought of at that time. As the patient had had previous attacks of the disease, and was of a scrofulous diathesis, I prescribed hepar sulph. 3x. In about thirty minutes the patient felt less pain, but I did not deem it necessary to repeat the dose.

"Remained until 9 o'clock A. M. and then

prepared to return, just instructing the family to have the girl's throat well 'steamed' twice during the day. Left some *phytolacca* fluid extract which was to be used as a wash, and also left *merc.* to be given every hour, and *hepar* to be given every four hours. Told them I would be back in the morning, and if the tonsil had not already 'broken' would then lance it. At nine o'clock that night received a brief message saying the patient was much better and I would not need to make another visit. Have since ascertained that at six o'clock that night the tonsil 'broke,' when nearly all pain ceased and the patient had a refreshing night's sleep, the first in a week. Have seen these remedies work nicely before in similar cases, but the rapidity with which the *hepar* seemed to relieve the pain, and the sudden softening and breaking down of the inflamed parts, seemed to prove that the 'simillimum' had been found and accomplished its work."

Which was the *simillimum*—*merc. viv.* 6x, or *bellad.* 3x; or *hepar sulph.* 3x, the "steaming" twice during the day, the fluid extract of *phytolacca*, or the doubtlessly several other "homeopathic" expedients to which this apostle of Hahnemann resorted, but failed to report? The leading "indications" upon which *hepar* was prescribed seem to have been the scrofulous diathesis, and the having formerly had a similar tonsillitis. "The rapidity with which the *hepar* seemed to relieve the pain, and the sudden softening and breaking down of the inflamed parts seem to prove that the 'simillimum' had been found and accomplished its work." Aye, verily! And that "simillimum" was neither the lapse of time, the natural breaking of a breakable tumor, the relaxation produced by steam, nor the specific action of fluid extract of *phytolacca*. It was *hepar*!

Book Reviews.

HINTS AND SUGGESTIONS AS AIDS IN THE PRESERVATION OF THE TEETH AND THE RELATION OF THE DENTAL ORGANS TO OUR HEALTH. By CHARLES G. PEASE, M. D., D. D. S. Professor, of Oral Surgery in the Metropolitan Post-Graduate School of Medicine. Lake Lecturer on *Materia Medica*,

Therapeutics, and *Pathology* in the New York Dental School. Consulting Oral Surgeon to the Five Points House of Industry Hospital. Honorary Diplomate in Anæsthesia and Anæsthetics of the Philadelphia Dental College and in General Surgery of the Medico-Chirurgical College and Hospital of Philadelphia. Honorary Member of La Société Française Electrothérapie of Paris, France. Member of the New York State Hom. Med. Soc., American Institute of Homeopathy, etc., etc. Published for the Benefit of the Laity. New York: Boericke, Runyon & Ernesty. 1895. Price \$1.00.

Not a very large book, but an interesting one, and especially so because couched in language which everyone can readily follow. Dr. Pease has arranged his topic in such pleasant form that it must attract and hold the attention of whoever takes up the book. There are many valuable hints contained in this book concerning the proper care of the teeth; and when decay has set in from one cause or another, Dr. Pease is very honest in his advice as to the proper mode of procedure. Unlike some medical book-writers he does not recommend that each aching tooth shall be at once made fire-proof with a seventeen-dollar filling. He is very good to the laity in his advice and helpful thoughts. "How often," says this plain-spoken man, "is an aching tooth, especially in pregnancy, extracted, when the pain does not call for surgical interference, being caused, as in many cases, by systemic conditions, which conditions may be so modified, or changed, by the use of the indicated remedy, as to relieve the pain which was but the expression of the general condition, the derangement of the digestive tract, or of some organ. . . The author has produced marked changes in mouths where decay had been rapid, by and through systemic treatment." Thus throughout his little brochure Dr. Pease is careful to recommend the proper treatment of teeth, and upon homeopathic lines, too, and only as a last resort does he advise the extraction. We feel, after reading here and there among its pages, that this book is a valuable addition to the table of the profession, and, by carefully noting the suggestions and hints of this work may many times save to the busy doctor a patient. We are very glad to congratulate Dr. Pease upon his effort, and especially to

commend his directness of speech and his very evident determination to make the subject-matter plain. Get the book, Bro. Doctor, and learn now much there is to teeth of which you have not in all your philosophy dreamed.

Globules.

Carbonic Acid in its nascent state is a new agent in the treatment of blenorrhagic vaginitis, proposed by Piéry, for which much is claimed.

Antitoxin.—Dr. Billings' observations upon the hematic effects of antitoxin prove that the corpuscles and hemoglobin are diminished less with the injections than without them.

Frost-bite may be relieved by several different processes, according to the lectures of Dr. Cantrell. As, for instance, one dram of diluted hydrochloric acid may be dissolved in a three-ounce emulsion of acacia and applied frequently during the day, or relief may be gotten by advising varying strengths of ichthyol in either watery solution or ointment.

Dr. Dudley Smith, late Registrar of the Cleveland University of Medicine and Surgery, has resigned all connection with this school, and will, it is reported, go East to take up a more lucrative practice and position. Dr. Smith has been a hard student and worker, enthusiastic and progressive, and is a decided loss to the University. Dr. Kent B. Waite reassumes the Registrar's duties.

Throat Examination.—It is well known that many children have a dread of the doctor's visit—especially should the visit be made because of throat disease. The fears are increased if a spoon or tongue depressor is thrust down into the throat without ceremony. All of this may be overcome by a method used by Dr. Milligan of Pittsburg for the past twenty years, which can be successfully practiced in nearly every patient over three years of age. It consists in simply teaching the child to use the index finger of either hand, thrust back along the tongue as near the base as possible, with the injunction to open the mouth wide and press down the tongue. The act will not provoke emesis or straining, as a trial will convince. In this way can be secured, after one or two

attempts, a perfect view of the tonsils and in many instances even of the epiglottis and the adjacent folds.

Positional Methods aid the descent of the presenting part in pelves with a slight degree of antero-posterior contraction. Probably the best of these is the so-called Walcher's position. This consists in placing the patient at the edge of a table or bed, with a pillow under her head, and the limbs hanging over the side of the table. The table must be at a sufficient height to only allow the toes to touch the floor. It will be seen that by this position the axis of the pelvic inlet is thrown further backward, and all available room in the pelvic cavity is made use of for descent and rotation. The descent of the head may also be aided by pressure above the pubic bone and at the fundus of the uterus.

The preacher-editor of the *Pacific Coast Journal of Homeopathy* seems to have been in charge for the December issue. A very fine sacerdotal homily on epilepsy and kindred afflictions holds the boards, in place of the bright and crisp and newsy editorials which of late have held sway. It is a little late to combat a scientifically demonstrable fact, such as the perniciousness of suffering notorious incurables to cohabit and propagate their inefficient species, with a text from the New Testament. Medicine can have little if any concern with poetical sentiment. And, by the bye, did not that same Divine Physician say something concerning figs and thistles, or was it in an earlier epoch of that same history? Better recall the medical editor and give him charge again of the editorial tripod.

The British Homeopathic Society conferred a corresponding membership upon fourteen homeopaths—six of these being Americans, in order to commemorate the recently closed International Homeopathic Congress. The American Institute of Homeopathy ordered the granting of one hundred such memberships upon foreign homeopaths, not to commemorate the sessions of any larger body than itself, but in order to bring about great harmony and unanimity of feeling and purpose among the homeopaths of the world. If there was to be any favoritism shown to any specially innocuous personages

or to those who had patted the American Institute on the back at all times, we—who are of the selecting committee—do not know; but if we did discover any such purpose, we would show it up in quick order and help to defeat it.

Ordinary corn-cobs burned to ashes and a tea made of these ashes reported (by a patient) to have cured several inveterate cases of hic-cough—where life was threatened.

Trional, in from one to two grain doses shortly before bedtime, gave favorable results in thirteen cases of insomnia. It may be given in warm milk. No bad effects upon the heart were noted.—*Koster*.

Large Doses.—Do not enter into competition with the object of seeing who can give the largest dose, says the *Medical Record*. A small quantity will often do all that is required of a drug, and a large dose may do harm.

Sympathizing Steward.—Lights bother ye, mum?

Very Sick Passenger—N—no. I think it's my liver.

[Respectfully referred to some of the tramp-medical tourists to the London Congress].

Notes on Clinical Surgery by Howard Crutcher, M. D., Professor of Surgery in the Dunham Medical College, being a reprint from the *Medical Visitor*, is a very graphically prepared article, dealing with a number of instructive cases surgically handled by Prof. Crutcher. Being a good homeopath, Prof. Crutcher is not open to the usual surgical imputation of the "operative craze."

The Medical Era, having dropped the hyphenated *Current* and become again itself, emulates the example of several of the purely literary monthly magazines, and appears in a many-colored cover, which is very tasty and appropriate. The *Era* is rapidly taking its former place in the professional regard, and at its present rate of activity and enthusiasm will again become a formidable rival. Thus it should be. The better our journals, the better our profession. A free-spoken pen, in the hand of an editor with a stiff backbone, makes good reading, and carries instruction as well as conviction.

Mellin's Food is as popular as ever with the profession and laity. Years of experience and success have made this standard preparation a firm "arm of precision" with the majority of physicians, as it has also with mothers and invalids; and the ephemeral rise of this or that modification of milk, or pasteurized, or sterilized foods, makes no impression on the steady onward march of Mellin's Food. We have never found a better substitute than this food for a "nervous spell" after prolonged riding, writing, speaking, or studying. An excellent beverage for the minister after preaching and before he essays his next meal.

America's first biological laboratory was established early in November, 1894, by the H. K. Mulford Company, of Phila. and Chicago, for the production of a reliable diphtheria antitoxin. That the institution has been a success and has worthily fulfilled its purposes is attested by the indorsements from practitioners the world over. The laboratory and stables are very interesting to the visitor, and they have each month a receiving day at each institution for the medical profession.

We had the pleasure of carrying with us on our jaunt to Europe one of the pocket pens manufactured by the Crown Pen Company of Chicago. This pen is of such size as to prevent scribe's paralysis; and it holds enough ink to carry one to Europe and back without a reloading. We wrote all our reports, our private letters, and our contributions to this journal during our absence in Europe with this pen, and with no further reloading after once filling it at Cleveland. It is a fine pen, and its fountain arrangement one that commends itself at first sight. It "goes" every time it touches the paper. The pen itself is the usual gold pen, ample in size and strong in endurance, and not one of the snippy, narrow little things with which so many other so-called fountain pens are fitted. This pen took the prize at the World's Fair. Send to 78 State Street, Chicago, for further information, or write to us.

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The American Homeopathist.

NEW YORK, JANUARY 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



G. E. ALLEN, M. D.,
Youngstown, O.

THE city of Cleveland, while it may not be as modest as Chicago, as cleanly as St. Louis, nor as moral as Greater New York, is yet in line for a greatness much after its own pattern-setting. It has now within its classic precincts two physicians who are making for themselves rock-ribbed reputations (and that, too, without infracting the code), by catching microbes, on the one hand, in cunningly devised little boxes which are set at large in street cars; and, on the other hand, by chemical analyses of the city's water supply, and, of course, finding therein ever so many millions of typhoid-fever germs to every square inch. And great is the microbe man's a-claw thereat! And correspondingly large, also, is the alarm of the superstitious, because ignorant, public.

FOR a time antitoxin injections furnished the one of these newspaper doctors with an almost daily (gratis) notice in the one or other of the morning dailies; but as that hurrah has about out-hurrahed itself, some newer hew-gag had to be sounded to attract the dear public's attention; so the typhoid-fever germ is taken from its plush-lined case and pushed along for a front seat in the orchestra circle. The question which now most frequently assails the medical man's sensitive ear at the bedside and office-side is: "Say, Doc., shall we boil the water before drinking?" And there are in our beautiful Forest City any number of microbe-riding maniacs who display much ingenuity in devising ways for boiling (sterilizing) water for a perfectly well population to drink.

* *

FOR uncountable millions of years (not reckoning with Moses) it was believed that there was nothing more beneficial to the average man's health—and man, in this instance, embraces woman—than a good, deep, soul-satisfying draught of cold water out of that old gourd which hung by the well-curb. Now, even this old and one time almost universal panacea is being blackeyed; first, by filling in the lichen-covered, moss-inlaid well, and smashing the old oaken bucket, and, next, by putting the lake water to a boil. It might be pertinent to ask how much "water" remains after all its life-giving elements have been boiled out of it? Wouldn't it be the vilest kind of a mess—filled with the carcasses of innumerable microbes, as well as with other unknown and unclassified filth? Dare any sane mind contend that this liquid Aceldama is more healthful to the human system than the cold, fresh water?

* *

IN certain forms of disease, notably typhoid fever, to be sure, boiled water is to be recommended by the traditions of the past; yet even here the faithful warder, on the watch tower of medical progress, notes that this one time impregnable breastwork is being rapidly undermined and dismantled; so that soon boiled water

in typhoid fever may have to be taken to the garret and laid away in flannels and moth balls for some future generation to rediscover and apply, as the old school is doing now every day with homeopathic remedies. But to make a witch's broth of cold water, and prescribe it for the healthy man, is carrying the Thomas-foolery too far.

* *

SO it was with appendicitis. A few of these calamity-mongers affected to discover that in an infinitely small number of cases it has been dangerous, nay, fatal, to eat grapes or seeded fruits. Then, forgetful of that old saw concerning the one swallow and spring, this small number of cases was heralded with all the consummate skill of the impressionist poster and advance agent of a Largest Show on Earth; the poor laity, ever ready to take panic, and not being otherwise advised, imagined vain things and terrible things;—that this was a very common condition;—and so grapes, and apple seeds, and cherry stones, and small marbles, and pennies of the mintage of '68, and collar buttons with pearl backs, no longer constituted a portion of the daily menu; lest the laity "catch" appendicitis, with the after-coming seventy-five-dollar operation, the extra hole in the lower part of the abdomen, etc. Yet think of the countless races which have peopled this green footstool, who, having eaten with unsparing hand and unstinted appetite of grapes and berries and other seeded fruits, lived to a green old age, or died of something else, if they were not visited by a Kentucky lynching bee or fell not under the modern war tactics of a General Weyler.

* *

THE same line of argument moves the public to purchase patented medicines. They read of the few cases which the medicine corporations publish as cures. Assuming these to have been cures—for we know that a clock standing still is right once every day—consider for a moment the thousands and thousands of bottles taken by preachers and other old women—bank presidents, college professors, and ex-statesmen not excluded—who were *not* cured. The cases are not published in the daily papers each recurrent Saturday morning with half-tone picture and fife-and-drum accompaniments. In other words, the public count only when they ring the bull's-eye of the target, and never when they miss. They hear only the wickednesses cropping out here and there in our lives; they never mark the good things done by all of us. Only the scandals and the divorces, the robberies and the adulteries, and the microbes are chronicled and rolled under the tongue as a sweet and savory morsel.

CANNOT the medical profession set the pace a little differently this coming twelvemonth? And, primarily, by casting the beam out of its own eye before engaging in ophthalmological operations upon the dear people. The physician has invaluable opportunities for advising his patients to live nearer nature, and farther and farther away from the shams and fads of society. But living nearer nature doesn't mean drinking boiled slop, lest it contain typhoid-fever germs; nor in eschewing milk lest it make one bilious and constipated; nor in condemning tea and coffee lest they make one nervous; nor in forbidding whisky and wine and beer and all other forms of intoxicants lest they degenerate the morals; nor yet in prohibiting every other form of beverage which the average human stomach craves and has been in the habit of taking with reasonable impunity for ages out of number. What, then, under the created heavens, is left for a white man to drink?

* *

LET the physician temper his scientific furore with a little common sense; let him mix his professional advice "with brains, sir." Only an infinitesimal quota of the human race, eating grapes, has fallen or will fall by the wayside a victim for the consuming Moloch appendicitis. Men have had typhoid fever who had been and were yet as fearful of water taken internally as any blue-grass adult—preferring whisky or beer for all ordinary lubricating and thirst-quenching needs. Clarke of Indianapolis will tell you, and prove it, too, even though Bill Jones is no longer alive, that smallpox is in no whit decreased, the half century and more of vaccination to the contrary notwithstanding. A man who is fated to expiate his many meannesses by election and service in Congress cannot be killed by hanging, or die in any other way—certainly never from typhoid germs taken in fresh water. The germ theory is far from being regarded the universal cause of disease, as a few years ago it was fondly hoped by its putative parents it might prove. People still "catch" diphtheria, and measles, and smallpox, and appendicitis, and typhoid fever, where no refinement of chemical or microscopical research can discover a germ trace.

* *

MILLIONS of people have been exposed to smallpox and did not "catch" it. Other millions are drinking cold, unboiled water and have no typhoid fever. Every doctor of any experience who owns himself, when he drops a penny in the slot of his thinking mechanism, becomes conscious presently that if germs were the true source of illness, there wouldn't be a doctor left to attend the sick; for he must

necessarily inhale and absorb the germs of every disease with which he comes in contact. He might resist the "catching" of appendicitis by having his vittels strained through a mush-cloth; but he would fall victim to typhoid fever at the first pass, doctors being proverbially temperate in all things and oftentimes religiously abstemious,—preferring cold water—for external applications—to patients. No, sir, there is something far more essential in order to "catch" diphtheria, or typhoid fever, or smallpox, or corns than the German-imported germs; and that is a PROPERLY PREPARED SOIL! Tell that to your patients, sometimes, gentlemen of the medical profession, and don't give them "fits" with scientific-calamity-twaddle!

Materia Medica Miscellany.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Baryta Carb. IN INTERMITTENT FEVER.—A. W. K. Choudhury.⁹—Ramzân Behârâ; age twelve years; date of first attendance to dispensary, 12-8-95; 9 A. M.; disease, intermittent fever.

Symptom: Type, quotidian. Time, 1 P. M. Prodrome, yawning, stretching; chill slight, of short duration; no thirst; horripilation; heat slight whole night; no thirst; feels chilly with every current of air coming in contact; slept all night: sweat upper parts of body, upper extremities, thorax (anterior and posterior parts); no thirst; apyrexia complete. Bowels open occasionally; no stool yesterday, no stool this morning; had itch once but no itch now; tongue clean and moist, and some papillæ raised, as in aphthæ; enlarged spleen; pupils dilated; urine reddish occasionally.

Treatment: Bar. carb., 3d (trit.), about a grain a dose, one dose just now, daily one dose.

Diet: Sago and milk.

13-8-95. 9.30 A. M. No fever yesterday; felt feverish heat this morning at about 5 A. M.: one stool this morning, free and formed; appetite good.

Attended one day more. Got no more medicine; placebo given 13th and 14th.

Croton Tiglium 30th IN LOOSE BOWELS.—H. W. Champlin, M. D.⁴—The doctor was his own patient, and we believe refrained from taking any medicine for several days after symptoms appeared. He frequently had, after

some error in diet, one, rarely two, loose evacuations, always followed by resumption of normal stool the next day. This time the loose stools continued, one immediately following each meal of the day. There being no inclination to diarrhea between those times, and appetite being good, the diet was not properly restricted. A limited diet for a few days did not cure, though it modified the symptoms. One evening immediately after tea, being hurried to the toilet room, and, having urgent professional engagements, the doctor yielded to the dictates of his conscience and took one dose of croton tig. 30x. A perfect cure resulted—no loose stool since that time, now some months, although the patient did not refrain from his cornmeal bread, fine French prunes and other fruits, and foods in variety.

Prior to this attack the doctor could not use apples in any considerable quantity without causing loose evacuations. Since then, during the present spring, there has been an unusual appetite for apples, and this fruit has been eaten without bad effects.

Natrum Mur. IN HEAD-PAINS.—Dr. Martin Baltzer.⁹—Miss D., aged twenty-one, came to me on the 5th of November, 1895. She had been suffering of pains in the occiput for two years. There is a pressure as if a stone lay on the occiput. Much hair comes out on the occiput. There is hammering in her temples; empty eructation; water gathers in her mouth; burning in the esophagus; swelling in the region of the stomach, relieved by loosening her dress; constipation; the menses frequently too early, lasting eight days, of dark color, with large black clots of blood, very fetid; leucorrhœa. Pulsatilla 6th.

November 15. No change in her state, only the menses lasted four days, without clots or smell. Natrum mur. 30th.

Dec. 3. Health very good. No more ailments.

June 5, 1896. Her health has remained good, excepting her stool, which has again become inert, for which she received natrum mur. 30th.

Zincum IN SCARLATINAL MENINGITIS.—Willis Young, M. D.⁷—I am well aware that some authorities deny that meningitis occurs during or forms part of some attacks of scarla-

tina; but whether the symptoms indicating the exhibitions of this remedy are due to actual basilar meningitis, or are merely due to hyperæmia, they are severe and unusual. As suggested, the symptoms pointing to cerebral implication are most prominent.

The patient has no power of volition, mental or physical, is unconscious, and utters frequently the *cri encéphalique*. He lies motionless, excepting for the involuntary jerking and twitching of the limbs—especially the lower—or else violent convulsions, alternating with stupor, are present. The entire body is bluish, cold, and clammy, excepting the occiput, which is very hot—urine is scant and bloody. These symptoms are often due to non-appearance of the eruption.

Carbo veg. IN DYSPNŒA.—Dr. A. W. Palmer.²⁰—Mr. S., æt. seventy-eight, widower, rather stout, light complexion. Subacute bronchorrhœa of three years' duration. Present laryngitis of six days' duration. Pathogenetic symptoms: Dyspnœa. Worse in the evening. Cough in paroxysms. Cough on first going to sleep at night. Sweats easily. Clinical symptoms: Mucous membrane, pharynx, and larynx dry and glazed. Fatiguing cough with dyspnœa. In the daytime short paroxysms of cough which cause him to desire to remove something from the larynx. Usually no expectoration, excepting in the paroxysms at night when he raises a little mucus. Paroxysms occur on lying down and about 3 A. M. Remarks: Kali carb., phos., and rumex cr. of no benefit. Completely cured after two days' use of the drug.

Ammonium Carb. IN MALIGNANT FORMS OF SCARLATINA.—Dr. Young.⁷—Is indicated in the malignant form of scarlatina. The rash it causes is of the miliary variety—tonsils are dark red and livid, and gangrenous, with, of course, great fetor, and the neck much swollen. These symptoms can be distinguished from the similar conditions of other remedies by the abundant collection of exceedingly shiny and sticky saliva, and the presence of painful vesicles on the tongue. Parotitis, particularly of the right side, accompanied by swelling and induration of the lymphatic glands under the right angle of the jaw. Respiration is difficult and stertorous, is accompanied by a short cough and threatened asphyxia. Urination is involuntary as is defeca-

tion, which is accompanied by excessive vomiting.

Naja 30th IN DYSMENORRHEA.—Dr. F. C. BUNN.²⁰—Miss S., æt. twenty-two. Dysmenorrhea since the function was established. Has had dilatation of the cervix, galvanism, and a number of remedies which have not been very effective. Pathogenetic symptoms: Headache. Shooting in the forehead. Pains in the eyeballs necessitating frequent rubbing. Stimulants aggravate. Crampy pain in the region of the left ovary. Faintness. Clinical symptoms: Hypogastrium extremely sensitive to touch at the time of menses. Vaginal examination revealed no abnormal condition except sensitiveness of the ovarian region. Extreme restlessness with pain. During the menses the pain becomes suddenly very severe. The flow stops while pain is at worst and returns next day with relief from pain. Remarks: Naja 30th, three times a day, and the next period passed with absolutely no pain or discomfort.

Arsenic iod. IN POST-SYPHILITIC DROPSY.—Dr. W. G. Cole.²⁰—Mrs. C., married, age forty-seven, presenting a specific history of syphilis acquired many years ago, and of morphinism of twenty years' standing, called me October 22, 1895, for what proved to be a case of pleuritis, which yielded nicely to treatment in a few days, leaving behind it a condition of œdema of the feet and ankles.

Examination of the urine found albumin in considerable quantities; examination of the chest: a chronic bronchitis, and mitral insufficiency with dilatation.

The bloating of the legs became intense, her calf measuring nineteen inches. She vomited the least thing taken into the stomach; was anxious and restless to a degree almost maniacal; complained of much burning pain and presented the waxen hue characteristic of arsenic. She received this remedy in the sixth decimal for considerable time with no benefit, and finally, remembering the syphilitic history, arsenic iod. 3x—two grains every four hours—was prescribed. Bandages applied to the legs.

Under this treatment she rapidly improved, the stomach becoming tolerant, the urine, which before was somewhat scant, more free, losing all the œdema and gaining strength perceptibly.

The albumin did not decrease in any great

amount but shifted up and down the scale and now, August 14, 1896, she is passing fourteen grains to the ounce every twenty-four hours. The murmur at the apex has improved and the heart's action is quite regular. She is able to be about the house and ride out.

Echinacea Angustifolia IN DIPHTHERIA.—Dr. C. F. Otis.²⁰—Dr. Lyman Pike of Terre Haute, Ind., reports the following: Recently I attended the worst case of malignant diphtheria I have ever seen. I used during the treatment phytolacca, veratrum, eucalyptus, peroxide of hydrogen, baptisia, etc. Symptoms moderated for about two days, then rapidly the larynx, nares, and entire buccal cavity became involved, breathing through the nostrils entirely ceased and the stench was fearful, sputa abundant. Something must be done. I was on guard the whole night. Finally gave the following: Echinacea, $\frac{1}{2}$ ounce, aqua, $3\frac{1}{2}$ ounces, and ordered 1 to $1\frac{1}{2}$ dram per hour. The patient asserted that she could not recover, but recovery was speedy. In less than five days after commencing echinacea the patient was discharged.

Echinacea Angustifolia: AN ANTIDOTE TO RATTLESNAKE BITE—Dr. Otis.²⁰—Dr. M. states: "I injected some of the [rattlesnake] poison into my system, on the first finger of the left hand; the swelling was rapid and in six hours was up to the elbow. At this time I took a dose of the medicine [echinacea ang.], washed the swelling with it, and laid down to sleep. I slept four hours, and on rising, did not find a single sign of swelling on my finger or arm." The recoveries from rattlesnake bites under its action are effected in from two to twelve hours.

Echinacea Angustifolia: WHAT IS IT?—Dr. C. F. Otis of Honeoye Falls, N. Y., presented a paper to the New York State Hom. Med. Soc. at Rochester,²⁰ descriptive of this remedy. He says the plant is found growing on the prairies and marshes of the West from Missouri to Texas and is known under the common name of "Narrow-leafed Cone Flower" and "Black Samson." It grows from one to three feet high; it is in bloom from May to August; the flowers are of a brownish color and disk shape. A strong tincture is made from the

root, which is brownish-red in color and, at first, not very marked in its taste; however, when swallowed, it produces a tingling sensation of the tongue and fauces leaving an acrid after-sensation, reminding one somewhat of aconite. It has no decided chemical qualities, being one of those organic compounds of decided therapeutical value, but passive chemically; the drug varies much in properties, according to the location that the plant is found and menstruum used in its manipulation and, as obtained from some sections of the country, it is of little value. The profession is indebted to Dr. C. T. H. Myers of Pawnee City, Neb., for this valuable remedy; he bringing it to the notice of the eclectic physicians. Dr. J. S. Hayes of Denver, Col., has been the next largest contributor to the literature, giving intelligent indications for its uses. Dr. Otis' attention was first called to the drug about ten years ago by Dr. E. Clayton Smith of Rochester, at a time when Dr. O. was struggling through with a most malignant epidemic of scarlet fever. The action of the drug was so marked that its uses were indelibly fixed on his mind, and from then until the present time he has always been careful to have a good supply of the drug on hand.

SPECIAL USES.—With reference to the uses of this drug, he calls attention, in particular, to malignant scarlet fever and diphtheria. He quotes a number of cases of these diseases and also other malignant conditions.

Cratægus Oxyacantha IN THE TREATMENT OF HEART DISEASE.⁹—Until about two years ago there lived at Ennis, County Clare, Ireland, a well-known physician named Greene, who was well and favorably known over the greater part of Ireland for his reputed ability to cure heart disease. He amassed a good deal of money out of his secret remedy. About two years ago he died, and his daughter directed the executor of the will to make public the heart cure, which was found to consist of *cratægus oxyacantha*.

Dr. M. C. Jennings procured some of the fruit and prepared the remedy himself.

The first case was that of a Mr. B., aged seventy-three years; found him gasping for breath with a pulse rate of 158 and very feeble; great œdema of lower limbs and abdomen. A

more desperate case could hardly be found. Gave him 15 drops of *cratægus* in half a wine-glass of water. In fifteen minutes the pulse beat was 126 and stronger, and breathing was not so labored. In twenty-five minutes pulse beat 110, and the force was still increasing, breathing much easier. He now got 10 drops in same quantity of water, and in one hour from the first he was, for the first time in ten days, able to lie horizontally on the bed. An examination of the heart found mitral regurgitation from valvular deficiency, with great enlargement. For the œdema prescribed *hydrargyrum cum creta*, squill, and *digitalis*. He received 10 drops four times a day of the *cratægus*, and was permitted to use some light beer, to which he had become accustomed, at meal time. He made a rapid and full recovery.

Cimicifuga IN UTERINE DISORDERS.—Dr. A. C. Cowperthwaite.⁷—This drug, though not resembling *belladonna*, is the opposite of *caulophyllum*; its action being due to nerve irritation spasms. It therefore becomes an invaluable remedy for uterine irritation and reflex neuroses resulting therefrom. Hysteria, chorea, neuralgia, etc., resulting from uterine irritation, most often call for *cimicifuga*. It is second only to *pulsatilla* in amenorrhœa, especially suppressed menstruation from cold or emotions, rheumatic or neuralgic dysmenorrhea, with shooting pains, weight, and bearing-down feeling in uterine region and small of back. The shooting pains are most apt to go from side to side rather than up and down. Also a valuable post-partum remedy, after-pains, rigid os, etc., due to spasms rather than to congestion. *Belladonna* is a congestion remedy, *caulophyllum* an atonic remedy, and *cimicifuga* a spasmodic remedy.

Kali Sulph. IN LOCAL DRESSINGS.—Dr. F. D. Bittering, Dayton, O., reports the following case.⁸—Mr. M., age about thirty-eight, was brought to me with a little sore place on his lower lip at the margin of the mucous membrane and the skin. It had given him much annoyance, having resisted treatment for some three months, and seemed to be getting worse. A clear diagnosis was not made. There was no family history of cancer, although there had been some consumption. We concluded to try

the efficacy of the tissue remedies for a while, and to watch the case for further developments. *Kali sulph.* 3x was dusted upon the sore lip four times a day, it having been washed off each time previously with a solution of *kali sulph.* in warm water. The same remedy was given internally, and from the start the effect was marvelous in its curative power. In three weeks the lip was well, and there has been no return of any suspicious symptoms.

Kali Sulph. IN SWOLLEN ARM.—Mr. W., æt. thirty-three, came to me, says Dr. Bittering,⁹ with an arm swollen to twice its normal size, very red, painful, and feverish. In the history he claimed to have been poisoned while in the woods over a week before, and the arm seemed to be getting so much worse that he was alarmed about it. *Kali sulph.* 3x was rubbed over the arm twice or three times a day, and the same potency of it was taken internally every hour. The next day the arm was greatly improved, and in three more days the external application was stopped, when the swelling again became aggravated. *Kali sulph.* locally was continued, and within a week the arm was well. The aggravation was readily noted immediately upon stopping the local application, although the medicine was given internally during the time. Did the local application effect a cure without the aid of the internal medication?

Psorinum IN OTORRHOEA.—Dr. George A. Whippy.¹⁰—Mr. J., carpenter, aged forty years, came to me for treatment for a long-standing case of otorrhœa of the left ear.

His case presented the following symptoms: Discharge of reddish cerumen, very offensive, from left ear, worse at night.

Sensation of opening and closing as of a valve in left ear, worse in the afternoon.

Buzzing in the ear, which suddenly stopped and was followed by violent itching.

Dull heavy pain in base of brain in afternoon, which was accompanied with a sensation as though the skin of the abdomen was greatly relaxed and drawn down.

Face sallow and greasy; several pustules on chin and neck, which itch intensely and bleed when scratched.

I gave him *psorinum* 200th, a dose every third night, and all symptoms disappeared.

Clinical Repertory after Dr. Cigliano's Plan.

By DR. EDWARD FORNIAS.

DIVISIONS AND THEIR ABBREVIATIONS.

- | | | |
|---|-----------------------------|--|
| 1. <i>Pr.</i> Precedent. | 6. <i>Agg.</i> Aggravation. | Those circumstances which make the symptoms worse or better. |
| 2. <i>Ql.</i> Quality. | 7. <i>Am.</i> Amelioration. | |
| 3. <i>Sm.</i> Similitude. | 8. <i>Cs.</i> Cause. | Under this heading is included the time or hour at which the symptom gets worse or better. |
| 4. <i>Md.</i> Modality. | 9. <i>Tm.</i> Time. | |
| 5. <i>Cn.</i> Concomitant. | 10. <i>Sb.</i> Subsequent. | 5. <i>Cause.</i> Origin, source, or circumstance in connection with the development of the symptom. |
| | | 9. <i>Time.</i> Part of the day, or night, and the hour at which the symptom appears. |
| 1. <i>Precedent.</i> Those actions, conditions, or symptoms which precede the one under consideration as the <i>abdominal pains before the menses</i> .—In <i>colic after eating</i> , eating is the precedent. | | 10. <i>Subsequent.</i> Those symptoms or conditions succeeding the one under consideration, <i>viz.</i> : <i>diarrhea after colic</i> —diarrhea after menses, etc. |
| 2. <i>Quality.</i> The nature or character of the symptom; including sex, seat of trouble, extension of illness, etc. | | |
| 3. <i>Similitude.</i> Resemblance between the symptom and the action or effect of external things, <i>viz.</i> : <i>pressing as from a stone—cutting like a knife—jelly-like stool</i> , etc. | | |
| 4. <i>Modality.</i> Those functions or personal actions, as <i>eating, moving, rising</i> , etc., under which the symptoms appear or develop. | | |
| 5. <i>Concomitant.</i> Accompanying symptoms. | | |

OTHER ABBREVIATIONS.

- v. see.
v. a. see also.
v. a. th. w. see also this word.
S. S. Symptoms.
R. S. Right side.
L. S. Left side.
<. worse.
>. better.
—* Repetition of the heading or prefix.

ABDOMEN.*

ACHING. 1. *Bell., cham., nux v., puls., verat.*
2. *ars., bapt., calc., caust., chin., cocc., coloc., cupr., dios., hyosc., ign., lach., lyc., merc-s., opi., sulph., zinc.*

Pr. drinking: crot-c.

dinner: colch., naja.

eating: alum. (R. S.), ant-t., arn., mur-ac.; with *distention*: nat-m.

stool: cup-ar., tromb.

supper: chin.

Ql alternatng with headache: cina.

circumscribed—* toward back:

hep. k-cya. (L. S.)—* about the liver:

hyosc.—* toward the liver: merc-s.; >

by pressure or standing: thuj. to liver,

when walking: coni.; < from touch:

agn-c.—* to loins, impeding respira-

tion: carb-v. (R. S.) —* to false

ribs: aloe., canth., como, (L. S.)—* to R. S. only: coni., sep.—* to L. S. only: carb-an., cup-ac., elap., naja., sars.—* to splenic region: graph. diffused —* transversely across: euphr.—* through esophagus, as if eructations and heartburn would occur: merc-s.—* to lower limbs: sep.—* running from navel to pelvis: nat-m. (L. S.)—* to region of stomach: gin.—* to throat: merc-s. paroxysmal: ox-ac.; before menses: thuj.

pleuritic, near the liver, p. m.: nat-ars. wandering, A. M., on getting out of bed: nat-ars.

Sm. As from flatulence: zinc.

As if eructation and heartburn would occur: merc-s.

Md. While eating: mur-ac.

on lying, bell.

during menses, aga-m.

* Key. v. p. 1. *Pr.* Precedent. *Ql.* Quality. *Sm.* Similitude. *Md.* Modality. *Cn.* Concomitants. *Agg.* Aggravation. *Am.* Amelioration. *Cs.* Cause. *Tm.* Time. *Sb.* Subsequent.

on **sudden motion** : ptel.
 while **sitting** : rhus.
 while **standing** : ptel.
 during **diarrheic stool** : arn.
turning violently : rhus.
 while **walking** : chin., ptel.; in open air,
 after **eating** : mez.

Cn. **aching** in *back* and *legs* : ptel.
amenorrhœa : agn-c. mag-c.
anguish : ars., carb-v., phos., verat.
constipation : lyc., nux-v., opi.
diarrhea : arn., bapt., puls., verat.
fever : verat-v.
leucorrhœa : am-m., kreos., lyc.,
 mag-m., puls., sil.
menses : aga-m., am-c., am-m., calc.,
 graph.,[†]puls.
metrorrhagia : ferr., sabin.
weight : ptel. (R. S.).

Agg. **inspiration**, deep. : ptel.
motion : jug-r., puls-n.
pressure : cup., led., scroph., tromb.
walking : nat-c.

Am. **bending backward** : ant-t.
eating : fago.
eructations : mez.
emission of flatus : carb-v.
motion : phos.
stool : dig., nat-ar.
stooping : anti-t.
walking : china.

Cs. **cough** : bell., nux-v., puls., verat.
open air : carbn-s.
touch : nat-c.

Tm. **day** : nup.
morning : aloë., am-c., dios., gels.,
 lyc., sulph., verat.—* *on rising* : caust.—
on waking : hep., pic-ac.
forenoon : dios., ptel.
afternoon : cepa., castor., ox-ac.,—
after coffee : cepa.
evening : aloë., chin., dios., naja,
 rumex.—* *after eating* : anti-t.—* *while*
sitting : chin.—* *while walking* : verat.
2 P. M. : verat-v.—* *after 5 P. M.* :
 sulph.—**6 P. M.** : verat-v.

Sb. **menses** : graph.
stool : fago., rumex., tromb., yuca.

ANGUISH. 1. *Ars.*, carb-v., phos., tarant.,
 verat., 2. bar-c., bell., mez., nat-m., plat.,

plumb., sulph., sulph-ac.—* *towards evening* :
 tarant.

ANXIETY. 1. *Ars.*, sulph. 2. acon., aloë.,
 carb-v., cham., plat. v. **Distress.**

Pr. **breakfast** ; ign.—**supper** : arg-n.

Ql. **diffused into head** : laur.—* *into*
stomach, after midnight : ptel.

* *Sm.* *As if abd. would adhere to chest* : mez.—
 * *as if it would burst* : am-m.—* *as from*
cramp : lyc.—* *as if it would become*
rigid : mez.—* *as if involuntary stool*
would pass : sep.

Md. **rising from** : aga-m., stram., in the
morning : bryo.; after *breakfast* : ign.

Am. **emission of flatus** : mur-ac.
after sleep : am-m.

Tm. **morning**, in bed : sulph-ac.—* *even-*
ing : cham.; —* *night* : nit-ac.

Sb. **stool** : calc-c.,—* *diarrheic stool* :
 merc-s.

BEARING DOWN. 1. *Bell.*, plat., sep. 2
 actea-r., lil-tig., nat-m., nux-m., puls., sec-c.,
 zinc.

Pr. **menses** : kreos.

Ql. **circumscribed** —* *to genitals* : bell.,
 nat-m., plat., sep.—* *to groins* : calc-c.,
 cham., kali-j., mag-s., teucr.—* *to sides* :
 phos.

continual : sec-c.

crampy : nux-v. (A. M.).

diffused —* *towards anus* : sulph.—
 * *towards colon* < dinner : sulph.—*
into inguinal canal and pelvic cavity :
 aga-m.—* *towards genitals* : sabin.—*
into pelvis : actea-r., bell., lil-tig., plat.,
 puls., sep.—* *to uterus* : puls.

expulsive : *into uterine region* : caul.,
 sec-c.

Sm. **laborlike** : puls.; *extending to hips and*
back : sulph-ac.

as if before menses : nat-m.
 (lil-tig).

like a stone, during menses :
 puls.

As if contents of abd. would protrude
through vulva : bell., lil-tig., nat-m., plat.,
 sep.

Md. **lying in bed** : sulph.

during menses : nux-m., plat., puls.,
 sep.

while standing : bell., lil-tig., nat-m., plat., sep.

waking at night : sulph.

Cn. oppressed breathing : sep.

drawing in limbs : nux-m.

heavy, torpid limbs : actea-r., alo., puls., sep.

menses : sep.

nausea, A. M.: puls.

weight and pressure in uterine region : bell., lil-tig., nux-m., plat., sep.

Agg. warm drinks, esp. coffee or tea : elap. — * 2 A. M.: sep.

Am. crossing limbs : sep. — * after collection of flatus : plat. — * passing flatus : zinc.

— * knee-elbow position : sep. — * pressure of hand against vulva : lil-tig. — * sitting down : bell., lil-tig., nat-m., plat., sep.

Cs. uterine troubles : actea-r., lil-tig., nat-m., plat., puls., sep.

BEATEN. v. BRUISED.

BLOATED. v. DISTENTION.

BORBORYGMI: (noises, rumbling, etc.). 1. ant-c., carb-v., chin., coloc., dios., ign., lyc., nat-m., phos., puls., sep., sulph., verat. 2. æthus., agar.; alo., anac., arn., bryo., calc-c., canth., carb-a., caust., coni., crot-t., cycl., dulc., gamb., graph., hell., hep., lach., nat-c., nat-s., nit-ac., nux-m., nux-v., oleand., opi., phos-ac., physos., plumb., podo., rhodo., rhus., saba., sars., sec., sil., sulph-ac., tereb., thuja, zinc.

Pr. breakfast : cycl., sulph., thuja.

dinner : alum., ant-c., coloc., ox-ac., staph., sulph.

drinking : cham., graph., merc-s., rhodo.

eating : bryo., chin., carb-v., caust., cycl., ign., mez., mur-ac., nat-m., nat-s., nit-ac., phos., puls., rhodo., sars., sep., sulph. — * immediately after : cycl.

emission of flatus : sulph-ac.

stool : aga-m., coloc., dulc., jat., k-bich., lyc., mez., nat-c., nat-m., plumb., sulph.,

supper : alo.

Ql. alternating with yawning and eructations : ant-t.

(To be continued.)

WHY I ALTERNATE.*

By E. G. LINN, M. D., Mt. Pleasant, Ia.

IN advocating the alternation of drugs in the treatment of disease, I am conscious of violating one of the canons of our school. The discoverer of homeopathy seems to have laid as much stress on the single remedy, and the high attenuation, as he did on the law of "Similia Similibus Curantur." If experience at the bedside has demonstrated that Hahnemann was in error in any of his views, it seems to me the duty of all scientific practitioners to frankly avow the error, and keep in the flood of progress, rather than anchor themselves in some circling eddy of the past, and indulge in a sycophantic form of hero worship, unscientific, unprogressive, and ridiculous.

To parody the words of Brutus, I may say, "If there be any in this assembly—any dear friend of Hahnemann's—to him I say, my love to Hahnemann is no less than his." Hahnemann was the discoverer of a great scientific truth, a discovery probably beyond compare in the annals of mankind. Its ameliorating blessings have been already felt on countless beds of pain; and untold millions, through all the ages yet to come, will rise up to bless the immortal founder of our school. But we must treat him as a scientific discoverer and not as a god. Scientists have made errors in the past, and will again. As well accept, and pin your faith to all the geography of Strabo, or all the astronomy of Ptolemy, as to slavishly follow all the notions of Hahnemann. Unlike revelation science is progressive, and he wrongs the memory of a great discoverer who teaches that all which one can hope to learn along a certain line was discovered in the start. Hahnemann found a pernicious system of medicine in vogue. Weak and prostrate patients were bled beyond all hope of recovery. Drastic drugs, and noxious compounds, were administered in the most heroic way. The sick were tortured worse than the most dangerous criminals. The thumb-screw and the rack and the fires of the Inquisition were not more painful and cruel than the beds of sickness and disease.

* Read before the Missouri Valley Medical Association at Omaha, Neb., in September, 1896.

When Desgenettes was directed by Napoleon to poison the inmates of the hospital at Jaffa, the order was only in appearance more cruel than the medical treatment they would have received had they been housed in the best hospital in Europe. Medical science was confined to the field of pathology, while the practice of therapeutics was infinitely worse than the chants and charms and incantations of a savage medicine man. Hahnemann appeared, and this barbarism became scientific. Let his enemies sneer and jest as they will, their every action confirms the fact that no disciple of Æsculapius, in the history of all time, ever wrought such radical changes in the practice of medicine as did the founder of homeopathy.

But the reaction naturally led Hahnemann into the errors of an extremist. Old lines were quickly changing, and there was a rapid destruction of old rules. He was forced into the position of a polemic. He had to fight for every inch of ground. His theories carried him too far. The superiority of potentized drugs over the drastic doses of the old school led him to the extreme of attenuation. His war against the complicated compounds of his opponents led him to adopt the arbitrary rule of the single remedy.

It shall be my purpose, in this paper, to show that the use of the single remedy in every case, and under all circumstances, is not always proper, and that Hahnemann's theory on this point cannot be elevated to the dignity of a "law."

As a sample of some of the errors of Hahnemann, I may call attention to Section 80 of the *Organon*, in which he states that "the Itch is the only real, fundamental cause and source of all the other countless forms of disease," such as insanity, gout, cancer, epilepsy, and pains of every variety. In the light of modern discoveries we must not be called "empirics" because we refuse to slavishly follow all of Hahnemann's dictations. His law of "*similia similibus curantur*" is as inexorable and as eternal as the law of gravitation. But the use of the single remedy is only a good law, and not an unbending law. When the single remedy is clearly indicated, it would be folly to administer two or more. If, in a critical case, two drugs

are administered simultaneously which antidote one another, the folly becomes a crime. But I think it can be shown that there are cases when more than the single remedy should be given, and that too in a purely scientific and homeopathic way.

There is something paradoxical and anomalous in the attenuated doses, and in the administration of a drug as a curative agent, which produces symptoms similar to those it is intended to cure. We are bound to seek a rational explanation of these phenomena. In the absence of a generally accepted explanation it will not be presumptuous, I trust, for me to offer one, in order that I may have a base of operations from which to work, in my effort to show the propriety of sometimes alternating remedies.

There is little doubt that drugs administered in homeopathic doses produce their therapeutic effect by acting on the nerve centers; and further that homeopathic provings, in developing the therapeutic individuality of a drug, show that the drug has an affinity for a certain nerve center or a group of nerve centers; these particular centers being excited by the drug, while others are not affected by it at all. And the homeopathist selects that remedy, when it is indicated in disease, because the symptoms of the patient show that the nerve centers are disturbed for which that particular drug has an affinity.

In using the words, "homeopathic doses," I mean small doses. I am in no sense referring to the local or destructive chemical action of strong drugs, which act on the living organism much as they act on dead tissues, or on inert substances. A toxic dose of nitric acid, for example, would go burning its way down the esophagus, destroying like a prairie fire everything it touched. You could not hope, with this kind of a dose, to get a proving of nitric acid which would give you its therapeutic individuality at all. To get a useful proving, a homeopathic proving, that can be used at the bedside, this terribly destructive local action must be avoided and such doses given as will best bring out the drug's action on the nerve centers alone. Or again, take prussic acid. Who can tell what is the effect of a toxic dose of the drug, more

than to sum it up in one word and say "death"? In but a moment the red corpuscles have lost the power of yielding up their oxygen. But a few pulsations and the heart-beat stops. Respiration is at once paralyzed. Every nerve and muscle in the body lose their vitality almost instantaneously. All this comes so quickly and death occurs so suddenly that we may say with Juliet, "'Tis like the lightning, which doth cease to be ere one can say it lightens." A toxic dose of prussic acid gives one but a poor idea of its therapeutic individuality. While its indications are in quick-acting complaints, one can only get a homeopathic proving of the drug by giving doses which show its dynamic nerve action alone.

The nervous system is the man. Every vital function originates in a nerve cell. Someone has said, "Let him who will make a country's laws, let me but make her songs." I may say, let me but control the nervous system of a patient, and I will cure every disease which drugs can hope to cure. What function is there in the living organism which is not under the direct control of the nervous system? Every muscle which contracts, every gland which is excited to secrete, every act of respiration, every throb of the heart, every peristalsis of the alimentary tract, every vital function, is directly traceable to a nervous current originating in a nerve cell. There is not a part of the living man but is presided over by a nerve center, and the closest sympathy is constantly maintained between the two. A muscle or a gland requires more blood, or more oxygen, or more warmth; its needs are telegraphed to headquarters, and by reflex nervous action its wants are immediately supplied. Or perchance it has too much blood, or oxygen, or warmth. The reflex inhibitory centers at once prepare to relieve the plethora.

There are exciting centers and inhibitory centers. To illustrate: A human brain is mustering all its forces to support a great effort of the intellect. A great orator is getting warmed up to his subject, a man is beset with a sudden peril and needs all the intellectual alertness of his nature. The brain, like any other organ, telegraphs its needs for more blood, more oxygen, more ammunition. The

inhibitory centers which control the cerebral vasomotors begin to act, the cerebral vasomotors are called off, the arteries relax, and the blood goes bounding to the part which is in distress. Or again, sleep is desired. The cerebral vasomotor excitants are stimulated by reflex action, the blood supply is almost cut off, and tired nature sinks to rest. Stationed in every part of the circulatory system are sensory nerve terminations, which register the blood pressure. Should the pressure become too great, the inhibitory cells of the pneumogastric are stimulated, the heart's action is quieted, and the pressure lessened.

Reflex stimulation and inhibition are the fundamentals of physiology. Health is the perfect co-ordination of all the nerve centers of the body. If this be true, why is not disease a disturbance of the co-ordination? Someone points to a pathological condition, a tuberculous growth, and asks if that is simply a disturbance of a group of nerve centers. I answer, no. Certainly not. No more than a fractured femur or a severed artery. You cannot cure a fractured femur or a severed artery by the use of drugs, but you may control the morbid conditions which follow these affections. If micro-organisms be the cause of germ diseases, if micro-organisms be the cause of tuberculosis, then I say whenever you can kill the bacilli of tuberculosis with a germicide which will not kill the patient, then you may preach the doctrine of "*Tolle causam*." While microbes may be present in every tubercle, while microbes may be the exciting cause of the tubercle, I maintain that the tubercle itself was produced by a disturbance in the nerve centers controlling the part. The microbe may have caused the nerve disturbance, but the recovery of the patient depends on the ability of the physician to select a remedy to relieve the nerve disturbance. We see in every tubercle a certain arrangement of cells and fibers and blood vessels. The vasomotor nerves, or the trophic nerves, have nourished the part in an unhealthy way. I cannot conceive of the growth of a part, be the process healthy or unhealthy, but the sculptor who molds it is the group of nerve cells which presides over the part. If it be true that the form and nature of the fetus in utero be controlled

by the mental impressions of the mother, why do not her unconscious or sympathetic nervous impressions have their controlling influence too? If the countless and complicated direct and reflex nervous stimuli of the mother mold the fetus, why do not the nervous conditions mold the cell growth in the tubercle, or in a cancer, or in any morbid growth?

The primary action of drugs is always to stimulate the nerve centers for which the drug has an affinity. It may not be necessary to know the name of the nerve center. It may not be necessary to locate it in the anatomy. But it is necessary to know the symptoms produced by a drug in order that we may know, when we find those symptoms in disease, that the nerve centers are disturbed for which that particular drug has an affinity. The provings of gelsemium show that among its earlier effects the drug produces ptosis. In a case of idiopathic ptosis we at once think of gelsemium as a remedy, having an affinity for the nerve centers which are disturbed. Again: the pancreas is unduly excited. It pours out an excessively acid secretion, and the gastric and headache symptoms of iris result. Iris is administered and goes, not to the pancreas, but to the nerve centers which control the pancreas, and the nausea, sour stomach, and headache pass away.

All drugs primarily stimulate the nerve centers for which they have an affinity, and this stimulation is always followed by a reaction. This reaction is much more permanent in its effects than is the primary action, and it is by this reactionary effect that homeopaths hope to cure. There is nothing absurd or contradictory in the law of "*similia similibus curantur*." The totality of the symptoms indicates to us the drug which has an affinity for the disturbed nerve centers, because that drug produced similar symptoms in the proving. The indicated remedy being selected, it is administered. Its primary effect is to stimulate the already overstimulated nerve centers and thus aggravate the trouble. Its secondary or reactionary effect is the reverse. It is curative. I believe the philosophy of high potencies to be the avoidance of this primary over-stimulation. A supersensitive nerve center is more susceptible to the action of a drug than a nerve center

in a normal state, just as an angry boil is pained by a light stroke which might be hardly felt by healthy tissue. A disturbed group of nerve centers is much more easily and quickly stimulated by a drug than were this group in a normal state. And I believe that the secret of high potencies is that an elaborately prepared drug, given in limited amounts, avoids this unwise overstimulation of a supersensitive group of nerve centers, and that its reactionary or curative effect is as certain, or more certain, to follow than if an heroic dose were given.

Here is an old-school brother suffering from an attack of violent vomiting wherein there is no nausea, showing an irritation in the gastric centers of the pneumogastric. I propose to relieve him with a dose of apomorphia. He laughs at me, and asks if I am not aware of the fact that apomorphia will simply aggravate his trouble and make him worse. He rails at what he chooses to call our theory of "*like cures like*," or "*giving the hair of a dog to cure its bite*." I say to him that all homeopaths know that the primary effect of apomorphia is to produce reversed peristalsis, but that I purpose to give him such an attenuated dose that this primary aggravation will be hardly perceptible, and yet strong enough that its reaction will surely follow and relieve him of his trouble; that it is the reactionary effect of drugs by which homeopathy cures.

I cannot too strongly urge the reactionary effect of drugs. On this, I think, rests the true theory of the law of homeopathy. Grant this, and homeopathy becomes logical, consistent, and scientific. Deny it, and the homeopathic law becomes contradictory, and our opponents can beat us in an argument, if they cannot at the bedside.

I have now endeavored to show, first, that the therapeutic effect of drugs results from their action on the nerve centers; second, that all drugs stimulate the nerve centers for which they have an affinity; third, that the primary effect of drugs is to aggravate the trouble, while the secondary or reactionary effect is the opposite, and fourth, that the homeopathic law of "*similia similibus curantur*," or the law of selecting a remedy whose primary action is as nearly as possible identical with the disease, is

but one way of saying, we should select a remedy whose secondary, reactionary, or permanent effect is the very opposite of the diseased condition, and consequently curative.

Now how does this figure in determining this question of the propriety of using more than the single remedy? If the propositions I have stated be true, and if it be a fact that drugs act only on those nerve centers for which they have an affinity, and do not act on other centers at all, then the advocates of the single remedy must establish either that it is impossible to have more than one malady in a patient at a time, or that no two drugs can be administered in the same case in alternation without antidoting one another. I cannot concede to the advocates of the single remedy the ground that single drugs have been, or can be found, which fit all the cases, with their attending complications, which physicians meet with in practice. No one, I believe, will set up such a claim. Now is it true that no two maladies can exist in the same patient at the same time? Is it impossible to have pulmonary tuberculosis, attended with a metritis? Can a case of arthritic rheumatism not be complicated with nephritis? Do we not almost daily find complications of distinct diseases having the most marked individuality? That there are diseases which, while they exist, prevent some other diseases from acting, all of us know to be a fact. But with the almost daily experience of every practitioner of observing two or more distinct and entirely separate maladies flourishing side by side in the same patient, the idea that single remedies only should be administered, solely because maladies come but singly, is an idea I do not believe to be tenable.

Now do two homeopathic remedies, used in alternation, antidote one another? Or, to be more liberal, even if they are not strictly antidotal in their effects, do they tend to disturb each other's action? If they do, alternation is not proper. But do they do this, if properly administered? I think not.

Homeopaths aim to cure by the reactionary effect of drugs. How can you hope to get a reaction, unless you leave a sufficient interval between the doses to allow time for the primary action to pass away? I care not whether you

use the tincture, or any potency from the lowest to the highest, you must allow intervals between doses. You would not think of administering a drug every two minutes, were you seeking any but the primary action. Homeopathic drugs must be allowed intervals between the doses long enough to allow the drug to react; long enough to allow the entire primary action to pass away. And when this primary stage has passed away, the drug has passed away, and you are giving the disturbed nerve centers a rest of an hour or more before you attack them again. The point I urge is that quite a large part of the interval between the doses marks a period when the system is entirely free from drug action, and it is eminently proper to administer a different remedy for a concurrent malady, during the interval of rest. Here is a certain group of nerve centers affected which produce a certain malady. I administer a remedy whose reactionary effect is curative to this malady, and after attacking the point of disturbance I wait two, three, or four hours for the reaction to become complete before I renew the attack. Now, if in this case I find a more or less serious complication, calling plainly for some polychrest, why, during the period of complete rest from the first used drug, should I not move my forces to an entirely different part of the field and attack the second malady? Then, after the primary effect of this second remedy has passed away and I am waiting for a complete reaction, why should my first remedy not strike again, and so on? It is at this period of rest that homeopathic cures are made, and in this period of rest I insist on the perfect wisdom of attacking an entirely different disturbance, which attack does in no way interfere with the restful process in the concomitant complaint. Let me cite an ordinary case as an example:

Diphtheria, that dread disease, which for more than thirty centuries has carried away the children from the homes of rich and poor alike, affords ample opportunity for the administration of more than a single remedy. From the start it is more of a constitutional than a local disease. The disease, very early in its course, ceases to have a single point of attack. The pseudo-membrane in the throat may contain every bacillus in the body of the patient, but

the general toxæmia, resulting from the violent poison they produce, may so disturb the centers controlling the heart that its action, in an early stage, becomes irregular and its force decreased. For the extensive bilateral, grayish, deep sloughing ulcers, swollen cervical glands, muscular pains, pronounced pallor, and extreme prostration, we have a simile in the corrosivus; the iodide or the cyanuret of mercury. And should all be going well, additional internal medication would be uncalled for. But should the heart become involved, as it is most likely to do, will you observe its feeble efforts, the rapid wavering pulse, and think of the diminished quantity and inferior quality of blood carried to the cardiac nerve centers, and not make an especial effort to go to their support? So far as any single remedy can, one of the mercurials will cover the general demands of the case. But neither the mercurials, lachesis, lycopodium, arsenicum, apis, phyto-lacca, nor kali will support the heart and do all that can and should be done to carry the patient through the impending crisis. Shall we adhere to the arbitrary rule of the single remedy and ignore this heart complication? After a suitable interval has elapsed from the administration of the diphtheritic remedy, what possible harm can come from the use of cactus, digitalis, adonis, or strophanthus, or some other cardiac tonic? You offer absolutely no embarrassment to the well-selected remedy, and I insist that it is good treatment to stimulate the pneumogastric, and by so doing decrease the pulse rate, which allows more rest for the heart muscle, and to stimulate the inhibito-vasomotor nerves, which allow a more abundant blood supply to the motor nerve centers of the heart. I accept as good teaching in the treatment of diphtheria, and from a source purely homeopathic, that "if other indications spring up, and are very decided, try to meet them with whatever else is indicated, but continue the principal remedy."

From my own experience, and from the experience of others for whose opinion I have great respect, I have come to have a well-grounded faith in the administration of more than a single remedy, where one cannot be discovered which offers the best and all that can be done for a suffering patient. The administration of bryonia and belladonna in peritonitis;

china and baptisia in typho-malaria, or lachesis and rhus tox. in muscular rheumatism at the climacteric, affords no terrors for me.

To my notion the man who relieves a case of gall-stone colic with nux and china, or with a hypodermic of morphia if you please, may be as much a follower of Hahnemann as he who administers each morning with the rising sun the 30th of pulsatilla in a case of acute orchitis. And the physician who, finding a harsh rasping cough, a hot dry skin, and a rapid bounding pulse, cuts short an attack of croup in a croupy child with aconite and spongia is as good a homeopathist as the man who, surrounded by a weeping mother, a distracted husband, and a smegma-covered baby, prescribes the tenth centesimal of moschus in puerperal eclampsia.

Now if you will concede that the therapeutic effect of drugs is on the nerve centers; that the primary effect is stimulating and aggravating, and the secondary or reactionary effect is curative; that homeopathy cures by the reactionary effect of drugs, then you must concede that the interval between the administrations of a drug, the interval of rest, the period when the system is free from, and is recovering from the drug's action—you must concede that this period of complete rest may be properly used to administer a new drug, for another disturbance, which acts on a new set of nerve centers, and which does not affect the resting ones at all; you must concede, then, that there are cases when one may and must administer in alternation more than the single remedy. That alternation is scientific and purely homeopathic.

THE MEDICAL EXPERT WITNESS.

OUR brethren are taking the initiative in the matter of correcting the abuse of expert witnesses. A meeting of representatives of the various State medical associations and the Bar Association will be held at Dr. Eugene H. Porter's office, New York, to devise a plan for reforming the existing laws relative to admitting the testimony of medical and surgical experts in criminal court cases. Dr. Porter, who was elected chairman of a State society committee having this matter in hand, said in an interview the other day that the idea is to devise a reform that

shall be free from criticism. It is felt that at the present time expert testimony is a reproach to the profession. Not only is its dignity, but its credit, seriously imperiled by the methods in vogue. Medical experts, being paid by the parties in interest, cannot be said to be possessed of that impartiality of judgment which is so essential in the search for justice. He believes that the expert methods should partake of judicial character. As roughly outlined, the remedy is that the representatives of the various associations shall submit a bill to the legislature after it has been approved by full meetings of the associations, providing that medical experts shall hereafter be nominated by the State medical societies, from which nominations a certain number shall be appointed by the appellate division of the Supreme Court. Of these appointments a fixed number of experts shall be assigned to duty in each judicial district, to be subject to call. They are to be paid, not by the parties in interest, as at present, but from the costs of trial; the compensation to come from the party losing the suit wherever possible, or, when this could not be done, by the State itself.

In this country just now it is felt that the medical expert witness has not that reputation which a scientific man by right should possess. In fact, the courts have delivered against him some most scathing and severe criticisms, the press has covered him with ridicule, and the public reads his apparently conflicting statements with diminished confidence in its credibility. It is now the intention that the lawyers shall take their share of the blame for this, and we intend to make war on the terrible hypothetical question so wonderfully and ingeniously constructed.

Globules.

Turpentine will remove at once all odor of iodoform from the fingers or instruments.

There can be no question of the great value of syphilinum for cancer. I believe every case of cancer to be the direct offspring of either syphilis or sycosis, or perhaps both, either acquired or inherited, and no case should be allowed to die or pass under the surgeon's knife, which alternative is about equivalent to death, without being given the benefit of a trial of syphilinum.—*H. C. Morrow.*

Local anæsthetics.—Dr. Loup (*Bulletin Medical*) says that when a fluid is injected under the skin the nerve filaments are rendered insensible by driving away the blood and temporarily preventing its return, producing an anæmia. Dr. Loup, acting on this principle, has succeeded in producing an anæsthetic area by means of a perfectly neutral substance—sterilized olive oil.

Tinea Tonsurans.—Dr. Harvey thinks that much of the scalp trouble found in institutions is due to the careless and too frequent use of hair-clippers. Girls with long hair seldom have ringworm of the scalp.

Vinegar, placed on a cloth over the face of a patient who has had chloroform administered, will prevent the sickness which so often follows. It should be applied immediately, after anæsthetization.

Dr. Frederick Morton Wall, Lecturer on Histology New York Homeopathic Medical College, died of typhoid fever December 1. Dr. Wall was a popular young man "ambitious in the true sense, conscientious to a fault, possessed of a finely trained mind, and withal modest and unassuming." He was twenty-eight years old.

Dr. A. B. Norton has been elected toastmaster for the annual graduating class banquet of the New York Homeopathic Medical College to be held in April next. A very proper selection.

A Denver dentist uses pure water as an anæsthetic. He formerly used cocaine, but the aqua pura, used hypodermically just under the mucous membrane, he declares serves the purpose well in ordinary cases. In extracting teeth and lancing gums it answers better than the cocaine, which would occasionally cause him trouble by producing a toxic effect.

The bladder when partially paralyzed from parturition, or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowels, thereby doing away with the necessity of using a catheter, a most important consideration; particularly when the patient lives at a distance from the doctor.

Soft soap for anointing the fingers before making vaginal examination, and for lubricating the vaginal speculum, is recommended by Dr. Tally of Philadelphia Clinic. It is prepared by dissolving castile soap shavings in warm water. If the vessel containing the soft soap be surrounded by hot water for a few minutes before it is used the contents will be of thin consistence, resembling olive oil. The advantages of using

this emollient are that it helps to clean the vaginal mucous membrane and readily washes off when it is desired to medicate it. If cosmo-line or other greasy substance be used the vaginal membrane becomes smeared, and much difficulty arises in removing it so that the medicines used may come in direct contact with the mucous membrane.

A certain man, to prevent producing children, took agnus castus in large doses for three months. Afterward he had a great desire for children, but no erections; the semen was lost while at stool or dribbled away.—*C. L. Olds*.

An article on "The Disorders of Menstruation," by Dr. Earnest W. Cushing and Dr. Charles G. Cumston of Boston, is included in the "Twentieth Century Practice." In the treatment of these diseases are noticed such remedies as pulsatilla, caulophyllum, hydrastis, and viburnum, remedies that have been so successfully used by our school for over half a century, though the authors have forgotten to give anyone credit for anything good in the way of the healing art.

In all contagious diseases the liberal use of Platt's Chlorides for disinfecting the discharges and deodorizing the sick room is recommended by the most eminent physicians. In every case of sickness, whether infectious or not, the use of this odorless liquid aids the patient and protects the attendants.

In malnutrition of teething infants, as well as in convalescence from acute disease in adults, Dr. Porter says Imperial Granum will be found of inestimable value. It is one of the few old-time preparations that retain the entire confidence of the profession.

Urticaria and erythema multiforme may be differentiated by the former being evanescent while the latter is more persistent.

Pepsin, says Dr. D. D. Stewart, if it seems indicated in the treatment of diseases of the stomach, should never be prescribed without hydrochloric acid, since, without the coincident presence of the acid, it can have no digestive utility whatever. HCl should be present in the stomach contents in sufficient amount to be recognized as free acid for efficient digestion. Sufficient of this acid must be present to combine with all the proteids present, for digestion to be active and efficient. As it is difficult often to give sufficient acid to obtain specific results, and its ingestion in large doses, save through the tube, is unpleasant; in cases of sub-acidity Dr. Stewart often prescribes an active preparation of papain. This digests without the assistance of acid or of pepsin, and forms pepsin in large amount.

A reprint from the *North American Journal of Homeopathy* entitled "A Case or Two of Appendicitis," being a paper by Dr. J. Kent Sanders of Cleveland University of Medicine and Surgery, lies on our table. We read this paper when it appeared originally and admired it greatly; and we are glad to have it now in a separate binder. The cases described are splendid instances both of surgical treatment and word-painting. Evidently Dr. Sanders is as facile with his pen as with his scalpel. The "Case or Two" proves to be a number of cases, of which case No. 3 seems to be the most remarkable.

Aletris Cordial, in threatened miscarriage says E. N. Campbell, M. D., Good Hope, Ill., is one of the finest and most efficient preparations.

Facial baths, followed by massage, in the treatment of acne where induration has occurred, are often followed by the good results.

For sale.—A \$3500 Homeopathic practice about eighty miles from San Francisco, Cal., for \$1000. Easy terms to the right man. Fine office outfit and several hundred dollars in accounts included. For particulars, address P. O. Box 54, Middletown, Lake Co., Cal.

To test for the products of the digestion of albumin acted upon by pepsin-hydrochloric acid in the removed stomach contents, Dr. Stewart of Philadelphia teaches that one may adopt the following simple method:

The clear filtrate should be boiled to show the presence of undigested albumin. The resulting filtrate clouds in the cold on neutralization should syntonin be present. Albumin and syntonin should exist in mere traces at the height of digestion. To show the presence of proto- and hetero-albumose, the filtrate should then be treated with cold saturated solution of sodium chlorid and strong acetic acid. To remove deuto-albumose and traces of the other albumoses remaining, the neutralized filtrate is saturated, while hot, with ammonium sulphate. The resulting ammonium sulphate filtrate is examined for peptone by the biuret test, sufficient strong potassium hydrate solution being added to decompose all the ammonium sulphate present. A drop or two of a very weak cupric solution is then added. If peptone is present, a purple-red color, varying to bluish-violet, develops, depending upon the quantity present.

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR

OUR PORTRAITS.



EDWARD FORNIAS, M. D.,
Philadelphia, Pa.

ing those already within the fold : namely, the protection of the rights of such members while in session in annual institute. This means, first, that social work shall not be permitted to interfere with the business of the Institute ; and, second, that no section will be permitted to sit out of its order. Of the two the most grave is the former. A few more evidences, however kindly, on the part of the local committee to run the Institute on lines of social entertainments, and some of the better, thinking element of the Institute, who have social entertainments, and stockyards, and cambric teas at home, will cease to take prominent part in the work, and thereafter stay at home.

* *

OUR frequent reference to this matter must not be taken as a slap at entertainments. We are as fond of being well cared for as anyone, but our insistence is this : that the business of the Institute is to attend to its business first ; after that it may play.

* *

THIS is no hardship upon anyone. The few dress-suit, kid-glove, and silk-stocking doctors who are able to take in the \$5 a day hotels and reduced railroad fares, and have a good time, etc., do not make up the Institute. The doctor who goes to the Institute simply for that good time had better stay at home. Who that was present at Detroit does not remember the difficulties experienced by several of the sections to have enough members present to make a quorum, because some musical entertainment was going on either in an adjoining room, or a free street car ride was announced, or the sample room was too ingloriously handy and tempting ?

PRESIDENT J. B. GREGG CUSTIS of the American Institute of Homeopathy is out with a stirring appeal to the membership to rally about the standard and help bring in more of the general profession.

* *

THE circular is well written and makes a strong case for concerted action on the part of the present membership. We indulge the hope that President Custis will not forget one very important factor, not so much in the interest, perhaps, of getting in new members, but in retain-

MANY a good society has gone to the dogs because its prime object was lost sight of and the subsidiary one of tickling the stomach or the funny-bone mounted in the ascendant. We noted in the by-laws of a little debating society and literary club latterly a special clause to the effect that no eating or drinking shall be permitted at any house where the society should meet. This was done for the two-fold purpose: first, of making it possible for a poor household to entertain the club without causing invidious comparisons; and second, to keep the social element from presently taking up all the time and thought of the club. And this club in miniature might well be taken as an example by the powerful American Institute. Not less entertainment but more business. Buffalo will try to out-entertain the Detroit entertainment; the next annual entertainment committee will try to out-do Buffalo; and so presently, as once before intimated and as was nearly the fact at Newport—no city will care to invite the Institute for a guest because of the expense and trouble.

Materia Medica Miscellany.

References in this department are made by number. See issue of January 1, or December 15, of each year.

The Modified Diet IN DIABETES.—In a very masterly paper found in the London Homeopathic Hospital Reports, by Dr. D. Dyce Brown, on the Dietetic Treatment of Diabetes Mellitus, Dr. Brown takes the advanced ground that the taking from the patient of all reasonable articles of food and substituting therefor gluten bread, almond biscuits, meat diet, etc., even if in time it causes a decrease in sugar as found in the urine, is no cure of the diabetes. This condition goes on and on until it ultimately engulfs the patient. The trend of this able paper is to the effect that the administration of the properly indicated remedy, with ordinary food, removing only such few articles as have been found to be deleterious, will do more good than the rigid and superstitious diabetic diet. "I am inclined to think that a certain amount, at any rate, of the extreme weakness that many patients experience when under strict regimen for diabetes, is due to the utter exclusion of such

articles of diet as may, however slightly and indirectly, tend to produce sugar. . . One must not judge by the state of the urine. . . [this] is the gauge of the amount of sugar which is not assimilated . . . but when he is placed on rigid diet, the amount of sugar in the urine is a fallacious test of the real and essential improvement, or tendency toward cure. One must look rather to the patient's general well-being, and the evidences, other than the urine, of symptoms of returning health."

Iris Versicolor IN CHOLERA MORBUS.—Dr. H. L. Waldo.—"I was called early on a hot August morning to see a gentleman about fifty years of age, who had had cholera morbus several hours very severely. I found him sitting upon one "chamber" and vomiting into another. The passages, or the efforts at vomiting, were occurring so frequently as to give him no opportunity to remain in bed. He was weakened so as to require support upon the vessel, and was unable to get into bed without assistance. There was little difference in appearance between the matter vomited and that passed from the bowels. There was scarcely any odor about it; it was yellow water and very copious. He was suffering great pain through the whole stomach and bowels; the limbs, especially the calves of the legs and the feet, were cramping almost constantly, and were cold. I prescribed iris versicolor. In a few moments we were able to get him into bed; but a few efforts at vomiting were made, and not more than three or four passages occurred: the cramps in the legs continued till I prescribed cuprum aceticum, which afforded speedy relief. His subsequent recovery was rapid.

Iris Versicolor IN DIARRHEA.—Dr. F. G. Oehme reported the following: A generally healthy man was subject to sudden and often unaccountable attacks of diarrhea. The discharges were brown, slimy or watery, frequent, and generally very offensive, but the most marked symptoms appeared to be an uncommonly severe tenesmus, prolapsus of the rectum (frequently piles), and very intense feeling of exhaustion, from the very commencement of every attack, and growing rapidly worse with every discharge. Appetite not much affected, generally no pain in bowels. I gave at different

times merc. sol., merc. cor., puls., nux, ars., phos., phos. ac., etc., but none of them seemed to have any decided effect, as the diarrhea grew slowly better within two, three, or four days. At last I prescribed in a new attack iris vers. 2d, one dose every hour, which checked the diarrhea at once. Using in the subsequent attacks the same remedy, they came less and less frequently, and ceased finally entirely, or at least developed no further. If the patient feels as if diarrhea might appear, a dose of iris will prevent it.

Hyoscyamine IN PARALYSIS AGITANS.—Dr. Prentice.³⁸—A Boston clergyman, sixty-five years old, first seen in January, 1891. Shaking of the head and right upper and lower extremities had continued for a period of four years, gradually increasing in severity.

I used a solution of hydrobromide of hyoscyamine, two grains to the ounce of water. This was dropped into each eye. In twenty minutes the shaking of the upper and lower extremities and head had entirely ceased. At the end of three-quarters of an hour there was such a general relaxation that the patient was unable to rise from the chair. The intelligence did not seem to be disturbed, but the organs of speech were very much interfered with, so that it was difficult for the patient to talk. I anxiously watched my patient, sitting and talking with him for a period of two hours, at the end of which time he was able to get up from his chair and walk again. At the end of three hours there was no impediment to the speech and the shaking had not returned. At the end of about six hours the patient told me the symptoms gradually began to present themselves again.

The following day I reduced my solution to one-half the strength, one grain to the ounce. This did not interfere with the locomotion or the power of speech, but again put the shaking in abeyance. I followed this case up for a month, during which time the paralysis agitans was kept under almost complete control by instilling a drop into each eye morning and evening, using a solution of the strength of one grain to the ounce.

Tuberculinum IN TUBERCULOSIS.—Dr. Kunkel (Transl.)³⁹—N. N., a boy æt. thirteen, consulted me on May 14, 1891. A sister died

of tuberculosis of the lungs when three years old. Several brothers and sisters of the father had the same fate. Patient is afflicted with headache on left side of forehead, especially in the afternoons, unchanged whether he is at school or in the fresh air. This is coupled with a total want of appetite, frequent epistaxis of light-colored blood. Other functions are tolerably normal (one of his sisters also has headache with total want of appetite). At times patient complains of stitches in right hypochondre. Received tuberculin 30th, four powders, one to be taken every seventh evening.

He did not come back until September 6. The effect had been so favorable that his parents did not deem it necessary. After the first powder the headache ceased; had epistaxis only once, but so profuse as to perceptibly weaken patient for the time being; appetite excellent. Prescribed: six powders of same remedy to be taken in like manner. Have not heard from or seen the boy since then.

Berberis Vulgaris IN RENAL COLIC.—Dr. P. Pinart²⁶ of Barcelona was suddenly called to a man of forty-five years of herculean constitution, addicted to alcohol, and a stevedore on the docks, who complained of an atrocious pain in the region of the right kidney, with repeated rigors, nausea, vomiting, with cold sweating; his urine was suppressed. Renal colic was diagnosed, and berberis vulg. 3x was administered every hour. After the third dose the pain diminished, and he passed urine which contained a great quantity of sediment and gravel. The patient made an uneventful recovery.

Carbo Veg. Crude NOT ANTIDOTED BY CARBO VEG. DYNAMICALLY.—C. M. Haynes, M. D.,¹⁷ tells the following.—It was during the first year of my practice that I was consulted by a young mother for sore mouth. Her gums were spongy, bled easily, and were very red. There was constantly some salivation with a few deep, red ulcers, having sharply cut edges as if scooped out with a sharp olive-shaped instrument. These ulcers were located beneath the tongue and along the sulcus between lower lip and jaw. She told me these were sometimes covered with a white coating, or canker, but I never saw them in that state. Her general health

was fair notwithstanding constant irritation in the mouth, which made her very nervous. I should add that flatulency and pyrosis were present to some extent, while cold hands and feet were habitual. I asked her, as I usually do, what medicine she was taking, and she replied none. She had suffered in the same way for a year and a half. She had used a solution of borax and honey and other domestic remedies, and had been given calomel, iodide of potash, etc., by her family physician, but nothing helped her. I prescribed carbo veg., beginning with 3x and running up to the 30th, without result. I prescribed, in turn, everything that seemed to have any relation to the case, and some that had none. I failed completely, and leaving the State soon after, seven years elapsed before I saw her again. When we met she immediately asked me if I would like to know what cured her. Of course I replied affirmatively. It seems she consulted an old doctor who claimed to be guided by spirits, and he asked her at once how much charcoal she was eating a day. She said a saucerful. He replied "Quit it, that is all you need." She obeyed, and Nature's kindly hand healed her disease immediately. She had contracted the habit of eating charcoal during her first pregnancy, taking it for acidity of the stomach.

Calcarea Renalis Præparata IN RIGG'S DISEASE OF THE TEETH.—Dr. J. E. K. Herrick says, "I have been troubled with gravel and Rigg's disease of the teeth, which go together. After investigating and consulting many doctors I accidentally heard of the remedy calc. ren. præp. I think it has cured my gravel trouble, as all the trouble has disappeared since I used the remedy. I also believe it a cure for the so-called fatal Rigg's disease of the teeth and am trying to advertise this wonderful remedy. For eleven years I have been hunting for a remedy to prevent Rigg's disease of the teeth, or to prevent calculus forming on teeth; in other words, to eliminate larvæ from blood. I feel sure indeed that calc. ren. præp. will do it. Until I found this remedy I expected to lose all my teeth, and now I shall save them all. I am having a dentist watch my teeth and see the effect of calc. ren. præp."

Sanguinaria Nitr. IN NASAL POLYPUS.—Dr.

G. L. Barber.⁴⁶—April 5, 1896, Karl Litwitz, German, age thirty-three, residing at 8247 Buffalo Avenue, Chicago, called to have a nasal polypus treated. It was situated in the anterior right nasal fossa, about the size of a cork in a dram bottle, and was bleeding. It protruded from the nose anteriorly. No treatment before.

Sang. nitr. 1 m. one dose, and sac. lac. three times a day.

April 14, patient reports: bleeding ceased; no other change.

April 25, patient says: no change.

Sang. nitr. c. m. 1 dose, and sac. lac. three times a day.

May 25, patient reports no visible change.

Teuc. mar. v. c. m. 1 dose, and sac. lac. as above.

July 31, patient reports the polypus cured in about two months after the first prescription.

Oleum Myristicæ IN BOILS.—J. Cavendish Molson.—Richard P., aged thirty-one, consulted me on August 12 last. In the preceding eight weeks he had twelve to fifteen boils spread over the gluteal region. I prescribed oleum myristicæ 2x, gtt. 5, 2 h., internally, and oleum myristicæ pure to be rubbed over the boils, and any incipient ones, externally. On August 21, patient reported that on the first and second days after he had consulted me four more boils appeared—one on the left eyelid, one on the foot, and two on the buttock. He then added: "At the present moment I stand clear." I repeated the tincture, however, to prevent possible recurrence.

Carbolic Acid POISONING FROM LOCAL USE.¹⁷—I have met with three provings of carbolic acid used in an enema. In two of the cases there was a sensation of faintness radiating from the heart, oppressed breathing, cyanotic flush of face and finger nails, trembling of whole body, with muscular relaxation and great fear. The third case occurred in an institution where flushing the colon was a fad. The superintendent was personally treating a large, vigorous man of seventy, when I heard my name called urgently. I hastened to the bathroom and found the patient pulseless, cyanotic, lower jaw dropped—apparently dead. The superintendent was paralyzed with fright. I did not stop to make

inquiries, but suspecting that carbolic acid had been used, it seemed expedient to relieve the patient of his enema without loss of time, and I secured my rectal speculum and stretched the anus (at that time I had never heard of Dr. Pratt's method in asphyxia); the colon was emptied, breathing was resumed, and in a couple of hours the patient was sent home in a carriage, safe but extremely prostrated.

Mullein Oil IN ENURESIS.—Dr. O. S. Laws⁹, of Los Angeles, Cal., has been reporting his experience with mullein oil. Two schoolgirls, who had been excluded from the public schools on account of deafness, were again admitted after about three weeks' use of the mullein oil, two or three drops in each ear twice a day. I have found it helpful in many cases of deafness in older people. "But for enuresis I have found it, so far, a specific. I place it at the head of the list for that condition, both for its certainty and pleasantness." One of the cases was that of a boy aged sixteen, who from childhood had been troubled with enuresis which nothing would cure until he received fifteen drops of mullein oil three times a day, which soon permanently cured him.

Echinacea IN BOILS.²³—Mr. K., a gentleman of high standing who occupies the position of general yardmaster on one of the great railroads that terminate in this city, is a man of some forty years, and weighs nearly two hundred pounds; temperate in all things. Some ten months ago he was annoyed by boils. One after another came, and nearly teased the life out of him. He applied to the Hospital of the Missouri Pacific Railroad in this city, and received the attention of the head of the establishment, whose regularity would equal that of a country "schoolma'm." He was given medicines of all kinds, save that necessary to give him relief. The suppurations grew worse, assuming the condition of carbuncles, and of these he had three or four at a time. The surgeon of this establishment cut and slashed these growths, after the most approved fashion. This went on for some time, until the man was completely discouraged, and made up his mind that the trouble would kill him before he got through with it. At this juncture I put him upon echinacea, in form of half an ounce of the

specific medicine to a four-ounce mixture, a teaspoonful to be taken every three hours. No more carbuncles or boils came. Those that he already had dried up, and gradually left him. It has now been about two months, and he is entirely free from his former annoyance, and says he believes this medicine saved his life.

Sulphur IN ASTHMA FROM A SUPPRESSED ERUPTION.—Dr. Dahlke.⁸—R., a teacher, about forty, came to me in the summer 1892 on account of asthma, from which he had suffered three years. He thinks it has been caused by taking cold. The attacks usually arise after catching cold, and continue several days at least. They begin with whistling in the chest, and dyspnoea when walking. This increases to such a degree that the slightest motion produces a want of breath. The first days there is neither expectoration nor cough afterward. This is followed by expectoration of mucous threads, without cough. When the attacks are severe he cannot go to bed, and must sit bent forward. Fumigation with stramonium and hyoscyamus relieves.

He had suffered since his sixteenth year from an eruption, which disappeared with the beginning of the asthma and has not returned.

During winter he suffers most. He is a demi-blond, inclined to corpulence. I gave him sulphur 5th, which he took until late in autumn.

The eruption has returned and troubles him much with itching.

Sulphur 30th, a dose night and morning for three days, then placebos and complete cure.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 33.)

BORBORYGMI—Continued.

circumscribed—* to transverse colon: podo.—* to the epigastrium: oleand., phos-ac., plat., thuja—* to the hypogastrium: aur., coloc., cycl., oleand., sil., sulph., sulph-ac.—* posteriorly: sep. (L. S.).—* to R. S.: lauroc., nat-s., spig.—* to L. S.: sep. (poster-

iorly), spig.—*to the umbilical region: anac., lach., tarax.

diffused:—*to the sacral region: phos.—*upward and downward: caps.

loud: *aloe*, *arg-m.*, caust., ign., *lyc.*, mez., *nux-v.*, *sep.*, sulph., zinc.—*after eating: *sep.*—*morning: *nux-v.*

old age: conl.

painful: conl., dios., graph., k-carb., lob-i., nat-c., *podo.*, puls.—*sore: hep.

periodical: cycl. (every day).

Sm. as if an animal were crying: *thuja*.

as if a boiler was working within the bowels: nit-ac.

as from bubbles bursting: anti-c., coloc.

as though colic would occur: *nux-m.*

like croaking of frogs: *coloc.*, *graph.*, sabad.: with hunger: *arg-m.*

as if diarrhea would set in: apis., colch., dulc., hydras., k-bich., mag-s., myric., nat-ars., phos., ptel.

as from emptiness: ant-c., arn., caust., clem., *lyc.*, sabad., sars.; with hunger: euphr.

as of liquid emptied from a bottle:

1. crot-t., *jat.* 2. *aloe*, gum-g.

as from a purgative, every time he stoops forward: dulc.

as before stool: dulc.

like a distant thunder: aga-m.

as of water: *crot-t.*, *hell.*; running out of a bottle: *aloe*.

like a pot of yeast working: ang., chin., *lyc.*, phos.

Md. breakfasting: nat-m.

on inspiration: mag-m., tab.

on lying down: coc-c. (R. S.), coloc., phos-ac., *sep.*, stann.

on motion: *lyc.*; of the body: sil.

on rising: *bryo.*, crot-t., ferr., nat-ph.

while sitting: canth., caust., mur-ac.

sleeping: agn-c., cup.

during stool: arn., calc-c., cycl., hep., iris, mez., ptel., seneg., sulph-ac., *thuja*; diarrheic stool: *crot-t.*, glon., hyos., *iris*, k-carb.

stretching: stann.

swallowing: am-c.

on waking: ferr.

walking: *lyc.*; in the open air: am-c., ptel.

yawning: *croc.*

Cn. colic: *coloc.*, dulc.—*flatulent, at night: ferr.

constipation: caust.

incarceration of flatus: *chin.*, *cal-c.*, *lyc.*, nat-c., nat-m.; passage of much flatus: *aloe*, *carb-v.*, *dios.*; fetid: *oleand.*, rhodo.

hunger: *arg-m.*; and emptiness: ign., crot-t.

menses: k-carb., *sep.*

nausea: arg-n., *puls.*

pain: *dios.*, *podo.*; in small of back: dulc.

Agg. evening: tarant., zinc.

in bed: glono.

after dinner: nat-m.

lying down: carb-v.; on L. S.: glono.

pressure: aga-m.

after supper: phos.

Am. in open air: nat-c., *puls.*

after breakfast: mag-m.

from coffee: phos.

eating: graph., mosch., sulph-ac.

emission of flatus: acon., *aloe*, ant-t., ars., *carb-v.*, caust., chin., coc-c., coloc., hell., *lyc.*, nat-s.; in the morning: bov., coloc., mur-ac.; in the afternoon: sulph.; at night: bov., euphr.

lying on abdomen: am-c.; down: sil.

pressure: tarant.

stool: ferr.; diarrheic: apoc-c.

warm cloth: am-c.

Tm. day: nit-ac.

morning: aga-m., all-c., apis., bov., graph., *nux-v.*, nat-m., zinc.—*in bed: coloc., *croc.*, *nux-v.*—*after coffee: nat-m., ox-ac.—*after rising: plumb.—*before stool: hell.; diarrheic: *nux-v.*—*on waking: all-s., arg-n., ars.

forenoon: aga-m., am-c., ant-c., *bryo.*, coloc., nat-m.

noon: ox-ac.—*while eating: graph.—*after eating: phos.

afternoon: aga-m., am-c., am-m., carb-v., ign., mag-s., nux-v., ox-ac., sulph.—*while riding: nat-s.—*while walking: tabac.

evening: chin., ferr., lyc., merc-s., mez., nat-m., ox-ac., petrol., plumb., puls., sabad., sep.—*in bed: bryo.—*after eating: phos.—*when lying: ran-b.—*during stool: zinc.

midnight: alum.—*after midnight: rhus-t.

night: acon., arg-m., coc-c., euphr., jat., merc-c., sulph.—*before stool: sulph.—*with flatulent colic: ferr.

Sc. diarrhea: ant-t., bry., cycl., lach., mag-m., mag-s., nat-m., pod., sulph.

menses: calc-ph., tarant.

stool: colch., dulc., ferr-j., jat., mag-m., rhodo., sulph.

BORING: 1. *Cina.*, *seneg.*, *sep.*, *tarax.* 2. Aloe, arg-n., ars., coloc., sabad.

Pr. dinner: coloc.

Ql. circumscribed:—*to the epigastrium: *seneg.*—*hypogastrium: sabad.—*sides: paris.

intermittent: plumb.

tearing: ars.

Md. obliging sitting: lying or bending forward: coloc.

on respiration: mancin.

Am. emission of flatus: plant.

BROWN SPOTS: 1. *Sep.* 2. Ars., carb-v., k-carb., lycop., nit-ac., phos., sabad., thuja.

BRUISED sensation: 1. *Apis.*, *coloc.*, *hep.*, *merc-c.*, *nux-v.*, *puls.*, *sulph.* 2. Am-c., ang., arg-m., arn., ars., bapt., cann-s., carb-v., cham., chin., cocc., coni., ferr., gels., ham., ign., led., mag-m., nat-s., phos., ran-b., rhus, ruta., sabad., samb., staph., stram., valer., verat.

Pr. stool: sulph., *diarrheic*; am-m.

Ql. circumscribed — *epigastrium: stan. — *hypogastrium: cham., valer., — *hypochondria: carb-v., cocc., cup., ran-b., rhus; left: cocc., cup., ran-b., sass., stann.; right: cocc., cup., kreos., lyc., mur-ac., ran-b.—*inguina: am-c., calc-c., caust., valer.—*integuments: *nux-v.*, plat., plumb., puls., rhodo., sabin., sulph.,

valer.; left: doli.—*navel: ox-ac.—*sides: ang., *nux-v.*: R. S.: ang., camph., caust.—*umbilical region: rhus.

Md. coughing: ars., *ferr.*

lying on R. S.: merc.

riding horseback: nat-c.

touch: ferr.

walking: hep.

Am. pressure: k-carb.

Agg. side lain on: rhus.

turning: rhus.

Tm. morning: asaf., hep.; in bed: ign., *nux-v.*

BUBBLING: 1. *Lyc.* 2. *Croc.*, hell., phos-ac., puls., stann., sulph., tarax.

Ql. bursting: ant-c., coloc., nat-m.—*and rising, before emission of flatus: hell. rhythmic with pulse, after eating: merc-s.

Sm. as if would burst: phos.

as if bubbles were forming and bursting: tarax. v. *Borborygmi.*

BURNING: 1. *Ars.*, *phos.*, *sec.*, *verat.* 2. Acon., bell., camph., canth., cocc., lach., laur., merc., mez., nat-s., *nux-v.*, ox-ac., ph-ac., ran-b., sabad., sep., sil.

Pr. breakfast: aga-m.; colic: *dios.*

stool: cup-ar., jug-c., k-bich., nat-ar., sabad.—*diarrheic, A. M.: phos.

vomiting, during menses: tarant.

Ql. acute: phos.

alternating with colic: *dios.*

circumscribed: — *epigastrium:

calad., *camph.*, *canth.*, *cham.*, colch., iris,

raph., sec., sil., zinc.—*hypogas-

trium: camph., lac-c., ph-ac., stram.—

*hypochondria (left): alum., *cham.*,

chel., graph., sulph-ac., tart-c., tereb.;

(right): alum., *cham.*, laur., sulph-ac.,

tereb.—*inguina (left): ars., grat.,

k-jod., nat-s., ol-an.; (right): ars.,

nat-s., sep.—*integuments: berb.,

selen.—*sides, L. S.: am-c., graph.,

sep.; of pelvis: am-c., graph., lac-c.,

plat., rut., sep.: R. S.: grat., sec.—

*in small spots: ox-ac.—*umbili-

cal region: acon., berb., bov., calc-c.,

canth., carb-v., cham., crotal., k-carb.,

k-jod., lach., mag-s., merc., merc-j.,

nat-c., ph-ac., plat., plumb., raph.,
sabad., sulph-ac.

diffused:—***across:** euphr., lil-t.,—

***around intestines:** at 12 o'clock :
gels.—***to chest:** A.M.: arg-m.—***into**

fauces: phos.—***to loins:** k-jod.—

to stomach:** phel.—stomach-pit:**
acon.—***upward:** calc-ph.

internal: ars., camph., canth., carb-v.,
sec., sil., verat.

painful: acon., apis., ars., canth., caps.,
carb-v., crotal., ox-ac., phos., sec., verat.

paroxysmal: plumb.

radiating: graph.

wandering, in the evening : nat-s.

Sm. as from **hot coals:** ars., verat.; deep
in pelvis : kreo.

like **electric sparks,** 8 to 10 P.M.: phel.

like **fire:** ars., verat.; on **hypogastric**
and **lumbar region:** lach.

like **heartburn:** extending to chest.,
A.M.: arg-m.

Md. **eating:** phos.

sitting: calc-a., sep.

standing: sulph.

stool: sulph-ac.; **diarrheic:** helo.

walking: calc-a.; in the **open air:** sep.

Cn. **anguish:** ars., carb-v.

chilliness: nat-c.

constipation: bell.

diarrhea: carb-v., helo.

flatulency: carb-v.

gastralgia: graph.

heat: acon., ars., bell., canth., mez.

intestinal catarrh: puls.

restlessness: acon., ars.

tensive stitches, in R. Hypochon-
drium : mag-m.

Agg. **eating:** carb-v.

exposure to steam: k-bich.

motion: caps.

pressure: nat-m.

walking: sulph.

Am. ^v**diarrhea:** nat-a.

sitting: ars., calc-a.

standing: ars., calc-a.

walking: sep.

Cs **open air:** sep.

gastritis: acon., ars.

(To be continued.)

HOW SHALL A BEGINNER BEGIN?

UNDER the above heading I have read with deep interest the series of questions from the "regular," who desires to know of the better and more scientific way of healing than he can find in the old paths which he has trod. Twenty years' constant practice as a straight homeopath make me feel capable, to some extent, of helping him who honestly desires more "light behind the eyes." There is no book published by our school that gives the dose prescribed; in fact, the clinical cases published in our journals are devoid of many little facts that would be a help to the younger men in the profession. In our school of practice there is a wide difference of opinion as to the strength of the remedy given; some claiming better results from a very low attenuation, others from the medium, and some from the very highest. Three of our pharmacists have written me that they sell more drugs in the third and sixth attenuations; that is, to the real homeopaths, not the homeo-eclectics.

Aggravations of the disease sometimes occur from the use of very high potencies. A safe rule in selecting the potency is, in my opinion, to know whether you have selected the similia or the simillimum; for there is quite a difference between the two. In other words, if you are sure that the remedy* you intend to give covers over a half dozen characteristics of the case you are safe in going as high up the scale of potencies as may suit your fancy. In acute cases you will find that the medium attenuations—about the 6th—will produce the best results. In subacute cases you can get good results from the 13th to the 30th. In old chronic cases a careful study of your materia medica will soon convince you that the 30th up to the 200th will be about the thing. You must bear in mind that some drugs, like arsenicum and sulphur, possess the dynamic power, even when run high up the scale; while other drugs, such as saw palmetto, gelsemium, and allium cepa, become inert when so highly attenuated.

*I say remedy, for it is presumed that you want to make a first-class, skillful prescriber of yourself, and that you will never fall into the way of alternating. This latter is the first step toward becoming that hydra-headed individual known as the "pathological prescriber"—a freak in the ranks of simon-pure, unadulterated homeopathy.

The foundation you build as a beginner in homeopathy will mar or make you a skillful prescriber. Have but few tinctures in your office; you will then lessen the temptation of prescribing too low. In twenty years' practice I have had but the following tinctures in my office: Aconite, saw palmetto, veratrum vir., gelsemium, viburnum prun., viburnum op., ergot, and xanthoxylum. Do not pollute the sacred, curative powers that come from the exact and correct application of the law of similia similibus curantur by prescribing combination tablets. They will do for the lazy ones in our profession, the pathological prescriber and the homeo-eclectic whose talk about the virtues of homeopathy far exceeds their skill in making cures.

The repeating of the dose is a very important matter; one only to be decided by the nature of the case, its severity, and what you desire to accomplish in the given drug. The most important thing for you and the hardest for the beginner not to do to is to be slow to change your prescription after once deciding upon it.

Some patients respond very easily to almost any drug you give, while upon others it is hard to make an impression. It is wise in all acute bed-ridden cases to give your remedy from one hour and a half to two hours apart; yet, the severity of the case and the results desired must govern. The matter of dosage will come to you by experience. For office practice I use No. 40 pellets, seven per dose, 2-grain powders, or two 1-grain tablets. For children out of arms, one-half of the above amount. In outdoor work I give ten or twelve drops of the selected attenuation in a half glass of water. From this I prescribe two teaspoonfuls for adults; one-half the amount to children. For sick babies in arms you cannot give the dose too small. Always bear in mind that Nature needs only a little help, and is the king of physicians. To the books recommended I would add Farrington's "Clinical Materia Medica."

WILL SCOTT MULLINS, M. D.

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homeopathic school I was led to investigate. It was in 1892. I had a case of chorea, and knowing how useless my Fowler's solution would be in this case I thought I would try a homeopathic remedy, so I sent to Otis Clapp & Son in Boston and procured the book "Epitome of Domestic Medicine" and studied this, and found my symptoms in this case to indicate arsenicum alb. x³. Put patient on ars. alb. x³ for fourteen days and patient was well. This gave me courage and I sent for other remedies. In 1894 I went to the Chicago Homeopathic Medical College and graduated in homeopathy. I advise Brother J. R. B. to at once send to Boericke & Tafel, Chicago, and get a copy of "Materia Medica and Therapeutics," by A. C. Cowperthwait. This book is a good book in the hands of any beginner. In this book on page 133, under the "mouth" symptoms of bellad., find that the indications are a "dry, hot, and red" mucous membrane, apply this in tonsillitis where the mucous membrane is red and shining and you will find it is the one thing wanted. Then Brother J. R. B. seems to find trouble about the dose. Don't fret about the dose. If your remedy is the indicated remedy, you will have relief at once from the first dose. Homeopathy is not "a dose"; it means the remedy whose symptoms are similar to the symptoms of the disease. Let the dose take care of itself. But do not produce a "physiological" action when you wish a "therapeutical" action. You can take nux vom. x³ in some cases will produce constipation, and give it in 30th and it will cure at once. I believe some cases are treated with better results by using the tinctures; others cannot be treated by any crude drug but require from the 30th to the 200th. If I were confined to twelve drugs, they would be aconite, bryonia, gelsem., veratrum virid., nux vom., arsenicum, sulphur, chelidonias, pulsatilla, cimicifuga, belladonna, rhus tox. With these I could enter the jungles of Africa.

Yours respectfully,

JOPLIN, MO.

D. T. RIDDLE.

PLEASE allow me space to answer Brother J. R. B., in December 1 issue.

Like Brother J. R. B. I was educated in the allopathic school, but seeing the success of the

Some wonderful savant in Mexico has recently discovered that honey is a specific in small-pox. Someone ought to find this party and send him a lecture on apis.

OHIO MEDICAL LEGISLATION.

ANSWERING a letter sent to him, Dr. H. E. Beebe, vice president of the Ohio State Board of Medical Registration and Examination, says :

"I don't know that I can say much to enlighten anyone, for the law is reasonably plain, considering that it is the first law of the kind enacted in Ohio. It was not drafted by any one person, but by several representative men of the profession and of all schools, with the aid of one of the best attorneys in the State, and with the other State laws bearing on this question to compare with this bill. It, to be sure, is far from being perfect, for there was so much opposition to any law, by the quacks of the State, that this bill was the best nucleus that could be started at the time the law was enacted. If the profession will continue to stand by the earnest efforts of this Board. . . at the next session of the legislature, instead of the law being doomed, many additional good features will be added and some objectionable ones eliminated. As to the chiropodists and manicurists, where that is their business alone no one has the least desire or wish to interfere with their legitimate work. . .

"Just as long as the chiropodist sticks to his special work, I don't believe anyone would wish to interfere with him. I know the Board will not, so far as the question has been considered."

In another part of his communication Dr. Beebe speaks of the number of unprincipled, disreputable, ignorant persons who have applied for certificates, some claiming one thing and some another. "With about eight thousand physicians in the State, of all classes, good, bad, and indifferent, how could it be otherwise when Ohio has been the dumping ground from other States for these many years. It was supposed that Cincinnati is the rotten center for charlatan-ism in Ohio from her having so many bogus colleges ; but such has proved to be untrue, for Cleveland outdoes her, I think, two to one in having quack doctors and those needing the watchful eye of this or some other good law. . . Already many of the worst impostors that were gulling the good people of the State have left our borders, and others are shaking the dust from off their feet, and will seek to ply their nefarious

business in States without laws restricting their quackery."

These extracts speak for themselves. We are glad especially to note that no intention is manifested to interfere with those who are not and never have been medical men or women or claimed to be such—the chiropodists and manicurists, etc. Still the reading of the law would include all these in the drag-net. And hence they have been in trouble.

We are now and have been from the very first in favor of a good license law. We worked as hard for the passage of the law as any practitioner of the State. It was with a keen sense of disappointment that we were informed by some of the class of operators named that they had been cautioned to cease their ordinary work unless they first secured a medical diploma ; color was lent to this appearance of things by the fact that several chiropodists of our city are possessors of medical diplomas. The thought seemed so incongruous with what had been the expressed intention of the framers of the present law, so wholly against its spirit, that we took the matter up in these pages and criticised it sharply. On the question of the value of the law, and of the integrity and faithfulness of its Board we have no question and have not had. We promise them every help at our command, and shall do our utmost to complete the law at the next session of the legislature.

It is not much of a sop to our local pride to be officially told that our fair city is the hot-bed of quackery. But why disguise the fact? We have been conscious of this state of things for many years, but hoped that others would be as blind to the truth as we wished to be. It would give us some sense of relief if we could even say that the other fellows are the quacks in all cases. But we also know better. Our city has been wide open for years for crooks of all kinds. But we hope, with the cleansing abilities of this State board and our promised new police force, we may at no distant date take our place again with Boston and Philadelphia and Chicago and other strictly moral and upright cities.

More than one-third of the people of this country live in cities and more than half the doctors are there too.

Correspondence.

November 3, 1896.

Editor of THE AMERICAN HOMEOPATHIST :

Many thanks for your kind remarks respecting myself in *THE AMERICAN HOMEOPATHIST* for October, which I cannot refrain from replying to, especially as my not doing so may be misunderstood. I was absent from the London Congress because the General Secretary sent out a circular to the homeopathic profession (but not to me) which others besides myself thought was intended by him to apply to me. It said : " This assembly will be open to all practitioners of medicine qualified to practice in their own country." As this was so plainly a continuance of the previous action of the congress, I did not go. I hardly knew whether to take it as a compliment or not, that the executive of the congress should think I was of so much importance as for them to go out of their way to so word their invitation in such a manner, especially as I had individually never wished to attend, but I presume it was also intended to imply that Americans and other foreign practitioners may come as long as they do not come to stay. The point of the matter is this, that they do not deny that I, as an Englishman, am legally entitled to practice medicine in the United States, and therefore qualified to do so, but that the holders of American degrees shall not do so here if they can help it. The law of England allows any legally qualified physician to practice here, provided they use no false pretenses. If an American physician practice here as such, he is not guilty of false pretenses, and the law does not interfere with him ; it is only necessary for him to be in a position to prove that he is a graduate of a legally constituted college of medicine. I practice as a graduate of the largest, oldest, and one of the best American homeopathic colleges, a college that has over two thousand graduates, and is the mother also of all the American homeopathic schools, and the graduates of this my alma mater are found in the faculty of every other American homeopathic medical school. I can, if asked to, prove my position in a few moments, but although certain homeopathic doctors here whose names are known to me have two or three times since I graduated reported me to the Medical Council and to the Apothecary's Society as practicing here, not being on the register, no notice or action whatever has been taken by these " official " bodies of men. Neither the allopathic institutions nor the law interfere with me (because it is not so much a matter of *registration* as of *qualification*), but only some of my own side. I have the names of various homeopathic doctors here, all members of the British Homeopathic Society, who have gone out of their way to tell my pa-

tients that I am not a doctor at all, and some have dwelt on the Northampton incident, to my prejudice, although they themselves formed a part factor. Many Englishmen qualified by graduation *here* to practice are not registered. I am qualified to practice medicine here, but I am unregistered simply for the reason that I as an Englishman am bound by law to be out of the country for five years to claim registration with a foreign degree. I studied partly in England, twelve years at medical schools, with twenty-five years previous connection with medicine and pharmacy, and lastly by residence in America and attendance at the Hahnemann College, Philadelphia, for the last year. I have shown to many of the leading physicians in America (apart from my alma mater) my papers that show I have studied the requisite time and subjects that altogether prove me a four years' student.

The fact that I graduated in America is only made an excuse for the opposition of some members of the British Homeopathic Society to the American degree. A few years ago I wrote papers, published in the *Homeopathic World*, on the American homeopathic schools of medicine, and I pointed out that to be registered here it was necessary they should have a four years' course at the schools, and since the publication of my papers I believe most if not all the homeopathic schools have adopted the four years' course at the schools instead of one year with a medical preceptor and three years at the schools, which many would think the best plan.

Respecting the law of registration of foreign degrees, the Act of Parliament says that the medical degrees of countries who have a four years' course and where English doctors are allowed reasonable facilities of practice are registerable here, but that it is first necessary that an order in Council be made to that effect. If the American schools or the American " States " apply to the " Privy Council " for that order I see no reason why it should not be made, and so settle this vexed question. If they do not so apply they have no one to blame but themselves.

One word more. In the *Hahnemann* for March, 1894, a letter from Dr. Brown is published. I wrote a complete answer to it and sent it to the editors of that journal, and although it was absolutely necessary that I should reply to this letter, the editors refused to publish anything further on the matter, so that I remain under the stigma of not being able to reply to it.—Yours sincerely.

ALFRED HEATH.

The Italian Government has just conferred on the discoverer of the anti-diphtheritic serum the Grand Cordon of the Crown of Italy.

THE CLEVELAND HOMEOPATHIC SOCIETY.

THE annual banquet of this enterprising society was given at Stranahan's, Monday evening, January 18. A short business session was held before the covers were removed. After the dispatch of good things, acting toastmaster Dr. E. H. Jewett introduced the speakers, calling first upon Dr. W. A. Phillips, retiring president, who spoke at some length upon the disappointments of his office in not finding the younger men of the profession more ready to take hold of the society and rescue it from old fogysm. Dr. A. L. Waltz, the incoming president, spoke somewhat after the same line, but indulged the hope that he would be ably supported by those present in bringing up the average attendance without a banquet. He reviewed the principles of the homeopathic school, and dwelt significantly upon the unfortunate tendency of the day to run to forbidden and harm-creating measures in the treatment of the sick. Dr. D. H. Beckwith spoke on "When Shall a Physician retire from the Active Profession?" This proved to be decidedly the speech of the evening, the doctor handling the topic in every conceivable way, describing who should be retired, mentioning the abuses and foibles which should be laid with their possessors or professors so high or so low on the shelf that His Red-Skinned Majesty could not fail to get them. Age, alone, he said was not a good excuse for retirement. If a man loved his profession, and kept his faculties clear, and his body in reasonable good health, he might continue to the closing hour of his life in ministering to the sick. Dr. Kraft had given him "Medical Articles," which he assumed to include everything from corn plasters to microbe traps set loose in street cars. He spoke of the change for the better in the get-up of papers for the homeopathic journals, and the absence also in societies of the one time perennial fight over diphtheria treatment, or the use of ergot or chloroform. He was happy to find that the potency question was dying down and no longer forming an element of warfare in the profession. Dr. J. C. Wood was given "Riddles" for his toast. He said that he had no doubt that when he got through with it the banquet board would feel that his subject was well chosen. His speech, however, was a well delivered bit of instruction and reminiscence, and was found to be anything but a riddle.

An effort is making in Cleveland to form a branch of the Academy of Sciences, to which all scientific bodies are eligible on payment of a certain fee, and taking part in its deliberations. This Society voted to send three trustees to assist in the incorporation of the Cleveland branch, appointing Drs. Miller, Beckwith, and Baxter.

Book Reviews.

TREATISE ON SPERMATORRHEA, IMPOTENCE, AND STERILITY. By WILLIAM HARVEY KING, M. D., Professor of Electro-Therapeutics in the New York Hom. Med. College, Metropolitan Post-Graduate School of Medicine, and the New York College and Hospital for Women; Member of the American Institute of Homeopathy; of the New York State Hom. Society, New York County Hom. Society, New York Homeopathic Materia Medica Society, The Academy of Pathological Science, New York Electrical Society, The National Society of Electro-Therapeutists; Editor of the *Journal of Electro-Therapeutics*; author of a treatise on Electro-Therapeutics, etc., etc. Cloth, \$1.50. New York: A. L. Chatterton & Co., 133 William Street. 1897.

The application of electricity in its varied forms to the amelioration and cure of disease is well exemplified in this book and especially in its relation to troubles with the genital system. Professor King writes a very readable book. But it must not be assumed that he has given all his thought to the electrical side of the problem; he has agreeably diversified the matter with hygienic, medical, mechanical, and hydropathic treatment. He speaks of the well-known fact that all the works he has read on this subject are from a surgical standpoint. In this book, however, the matter is treated from a neurological standpoint; from the doctor's and not from the surgeon's view. The chapter on Irritable Impotence is especially fine.

MONOGRAPH OF DISEASES OF THE NOSE AND THROAT. By GEORGE H. QUAY, M. D., Professor of Rhinology and Laryngology in The Cleveland Medical College; Member of the American Institute of Homeopathy, Ohio State Homeopathic Medical Society, etc. Philadelphia: Boericke & Tafel. 1897.

In his introduction, Professor Quay says that his little book is intended as a manual for students and practitioners. He makes no pretense of having covered all the ground of this specialty; and yet in looking over the index, and reading here and there, the impression is made that if not all, still the greater part of the specialty has been well covered. One of the admirable things in this little brochure is the very evident intent of the author to be frank and plain; he nowhere lugs in many pages of exploded theories to build upon for his present ideas. The student or practitioner finds what he is seeking and at once, and is enabled to make prompt application of his knowledge. Like all specialty monographs it deals wholly with the peculiarities and char-

acteristics of this specialty—nose and throat ; but Professor Quay does it in so very excellent a fashion that the whole—the patient—is ever before the student claiming attention. He seems, and, indeed, he does recognize that there is something else to his patient besides his nose and throat. His *materia medica* is up to date, of this we can speak with assurance ; and his descriptive matter and operations lack in nothing when compared with other books in our library on the same topic. The book is not large ; it makes no pretense to being wholly original. But it is honest from cover to cover, and homeopathic. From Professor Quay's well-known reputation as a teacher in the Cleveland Medical College, and his felicity with his pen, in journals, we feel safe in saying that his monograph will be highly appreciated by the practical part of our profession, and become a favorite in the class room and private office. The firm of Boericke & Tafel having fathered the printing and publishing part, gives ample assurance to those who may not yet have seen the book that it is good from a professional standpoint (for B. & T. do not put the seal of their approval upon anything inferior), and as well a fine specimen of printers' art.

A MANUAL OF NERVOUS DISEASES AND THEIR HOMEOPATHIC TREATMENT. A Compend for Students, Colleges, and Physicians. By GEORGE H. MARTIN, M. D., Professor of Mental and Nervous Diseases, Hahnemann Hospital College, San Francisco. New York and Chicago: Medical Century Company. 1896.

This is one of the series of medical hand-books in preparation by the Medical Century Company, and presents in an attractive form a very difficult and big-worded specialty. Dr. Martin, who holds a professorship in the San Francisco school, is noted for his clearness of ideas and the effectiveness of his mode of teaching. The book is homeopathic and well worth a place on the practitioner's desk. Several of the plates are done in colors ; others are by the photographic process ; but all of them are, we believe, original, and ably illustrate the text.

—Mary Kyle Dallas, who was a familiar writer during the war in the *New York Ledger*, has a story in the current *Lippincott* which holds the attention to the closing page. The shorter stories are, as usual, in good taste and well selected.

—Porter's personal campaign notes of campaigning with Grant in *Century* are graphic and of an every-day-life pattern. Sometimes they verge a little too much on the hero-worship patterns ; but, in the main, they appeal to the

reader as correctly drawn and worthy of consideration. Several of the shorter stories are cast in lines of popularity. The same may be said of the current *St. Nicholas*. This latter is, and probably always will be, a conspicuous as it is a popular journal for the youth of the day. Its literature is well selected and equally well put.

—*The Review of Reviews*, the busy doctor's best literary friend, gives the most concise and graphic account of daily affairs that can be found anywhere ; whether it be the wars in the old country, or the Cuban difficulties. Its reproduction of current cartoons seems almost alone to be worth the price of the subscription. We are very fond of this magazine.

—"They Say," by Charles Gatchell, M. D., Editor *Medical Era*, professor Chicago Homeopathic College, ex-professor Homeopathic Department University of Michigan, 1897, etc., etc., is one of the cleverest little books which has appeared on our table for many months. It ought to take like hot cakes on a cold frosty morning. It is brimfull of conical sayings and apt illustrations with pen and pencil. Its originality is its besetting virtue. There isn't a dry or a dead "say" in the book. You may turn up a page anywhere and take up the thread of interest, and be rarely interested. When we hear someone laughing boisterously in our reception room we know that he or she is thumbing Gatchell's "They Say." The entire little pocket-book is original—illustrations, introduction, binding, etc., etc., as well as the bon mots. And it is a book that fits the general reader as well as the professional man. It is a handy little Christmas present.

Globules.

Think of the tail commemorating the dog.

Dr. I. T. Talbot of the United States has gone to Europe. May his trip do him good and return him restored in health and spirits.

The *Archiv. of Homeopathy* (Villers' interesting journal) continues to give segments in German of the recent sessions of the Fifth International Homeopathic Congress. Dr. Villers guides a very eloquent pen and possesses the rare faculty of telling the story without bias.

E. B. Treat of 5 Cooper Union, New York, announces that the 1897 International Medical Annual (fifteenth yearly issue) is well advanced and will be published earlier this year. This is always a welcome because valuable addition to the medical man's library.

Dr. Albert E. McClure, graduate of the Cleveland Medical College, resident of Lakewood (a suburb of Cleveland), was married on Thursday, December 3, to Miss Ethel May, daughter of Mr. and Mrs. M. C. Hall. Congratulations to our friend and former student.

The New York Polyclinic Hospital was partially destroyed by fire a month since, and more recently the Bellevue Medical School.

The International Homeopathic Congress of London informs its subscribers that the transactions are (is) now ready for distribution and asks a prompt remittance of the amount required for sending the book. Send this amount to Dr. Richard Hughes, Brighton, Eng.

Where is our wandering boy to-night? Referring to C. Everywhere Fisher, we have rumors of his having been seen in divers and sundry places with an eye single to a good location away from the hurly-burly of Chicago. Weak heart action seems to necessitate retirement from Chicago.

The editor begs to say that the extra copies of the American Institute of Homeopathy which he advertised in a recent issue of this journal were called for by telegraph from various parts of our country. And since that time he has received many requests for the books which of course could not be filled. Doesn't look as if the transactions were very much of a drug in the market. We are glad of it.

An impatient patient of ours, suffering from diarrhea, in order to speed the cure and so save an extra visit from the doctor, was given a few tablespoonfuls of *Lydia Pinkham's Compound*. Because, however, the bottle from which this balm-of-Gilead was to be taken had stood uncorked in the bath and toilet-room for several summer months, the sapient mistress of the house boiled it for a few minutes before giving. And the latter end of that girl was worse than the beginning.

We take pleasure in publishing the notice of the marriage of our shipmate Dr. A. M. Duffield of Huntsville, Ala. Dr. Duffield was married on New Year's Eve to Isabel Libbui at his home in Huntsville. From the account found in a local paper, it would seem that the wedding was a surprise to the majority of the assembled guests, who had gathered in response to a special invitation. We congratulate Dr. Duffield upon his late but eminently proper course, and wish him well to the end of his journey in life. Mrs. Duffield will also receive our warmest congratulations. We hope to see both of them at Paris, in 1900 in attendance upon the Sixth International Homeopathic Congress.

Dr. A. W. Sanders, instructor of bacteriology, Cleveland University of Medicine and Surgery, announces a course in bacteriology beginning January 18, and lasting six weeks, to take up two hours of each day. Instruction will be given in the examination of air, earth, and water.

The mingling of the forty-two American homeopathic physicians with the English homeopaths at the Congress has had considerable to do with the spiciness of many of the editorials which have latterly appeared in the two homeopathic journals of London. Notably the one in the (London) *Homeopathic Review* of January 1, reviewing the past year's work and incidentally touching upon the success of the International Homeopathic Congress which closed its labors last August. It deals a savage hand to the one American contemporary who had the temerity to criticise unkindly the conduct of the congress. But is it a fact that the editor of the *North American Journal of Homeopathy* was at that time chairman of the Foreign Committee having in charge the conduct of the American end of the International Homeopathic Congress? But it's all right, brethren of the English homeopathic press. No harm to wake up occasionally.

One of the "cutest" of calendars for doctors' use is that designed by the Antikamnia Chemical Company and presented to the medical profession. This consists of six leaves, each containing a calendar for two months, with a character sketch in water color by the renowned artist Crusius. The first sheet contains the picture of an old-time doctor, gold-bespectacled, watch in hand, examining the pulse of a lady patient. The head of this doctor, however, is nothing but a grinning skull, yet so accurately delineated, and so perfectly handled as to lights and shadows that it really looks as if this grinning skull were looking at his watch and carefully counting the pulse beats. The remaining pictures are good and very graphic. One of these is the snobbish expert-witness; another is a triune, father, mother, and baby rejoicing over the first tooth; another is an infant with his nursing bottle; and a concluding page has the sans-teeth, sans-eyes, sans-everything stage beautifully depicted. The idea is a horribly gruesome one but unexceptionally original—as everything emanating from this progressive company is always sure to be.

The Graefe Gold Medal, which is awarded by the German Ophthalmological Society every ten years, has this year fallen to Professor Theodore Leber of Heidelberg, in recognition of his work on inflammation. The first to whom this medal was awarded was the late

Professor Hermann von Helmholtz for his discovery of the ophthalmoscope and his treatise on physiological optics.

Each surgeon, says the *Atlantic Medical Weekly*, should be familiar with three don'ts :

Don't forget to get a patient before operation.

Don't forget to have him present at the operation.

Don't forget to have a long account of the operation in the daily press.

Absolute purity and cleanliness is essential in preparing the Schuessler tissue remedies, and Dr. J. B. Chapman, in one of his able articles on the preparation of these remedies, writes : At the present time there is much controversy over the merits of the foreign sugar of milk and the home product. I do not wish to decide the question at issue, but it is sufficient for me to know that there has been, and can be, no question that the foreign product (the re-crystallized saccharum lactis) gives entire satisfaction, and is greatly preferred by the most reliable pharmacists and physicians the world over.

Without intending to advertise anyone, I wish to inform physicians who are using the twelve tissue remedies of Schuessler in their practice, that the Luyties Homeopathic Pharmacy Company of St. Louis import their sugar of milk direct from the manufacturies in Switzerland. After paying freight charges, duties, etc., the cost is nearly three times as much as that of the American product ; but "purity and perfection" should be the watchword of every manufacturer of medicines, regardless of cost. I procure my remedies from the Luyties firm and they have given great satisfaction. All the members of Luyties Pharmacy are strong believers in the biochemic theory of medicine, and are pioneers in the manufacture of the tissue remedies, besides using them extensively in their own families.

Taking all these points into consideration, I believe that physicians using the tissue remedies may depend upon the absolute purity and cleanliness of their remedies, and accuracy of their manufacture, if purchased from the Luyties Homeopathic Pharmacy, St. Louis, which I consider very reliable.

The Allegheny County (Pa.) Homeopathic Society met in the chapel of the Pittsburg Homeopathic Hospital on January 8 to listen to the address of the incoming president, Dr. H. B. Bryson. Committees were appointed to recommend a change in the conduct of the meetings in order to infuse more enthusiasm into the work and bring more physicians to the society. A recommendation that six bureaus be established was agreed to, and the

night of meeting has been changed to the second Tuesday of each month. This society as now reconstructed gives every promise of becoming a prominent factor in the homeopathic councils.

The belief is current in Russia that *Polyporus betulinus* will cure cancer. Smirnow finds it highly efficacious in chronic gastrointestinal troubles accompanying cancer and other inflammatory conditions of the stomach and intestines. The cancer itself continues its course, but great relief is experienced even in a couple of days after imbibing the strong decoction ; pain subsides, food can be retained, and inflammation is abated.

Thread Worms.—It is not sufficient to attack the rectum with enemata, but purgative medicine must also be given which shall act upon the cæcum and clear away the worms themselves and the mucus in which they are lodged. One may often see them coming away in large balls as the result of purgatives ; and until they are thoroughly cleared out little benefit can be expected.—*Boston Medical and Surgical Journal*.

Corneal Opacities.—Employ electrolysis, the cathode being applied to the eye by means of a small silver rod with rounded end ; an ordinary sponge anode may be applied to the opposite cheek. A pressure of from one and one-half to three volts is sufficient. This should be at one-fourth milliampere, and one-half should never be exceeded. The eye is cocaineized and the silver rod is rubbed lightly over the opacity for about one minute.

The city of Cleveland is blessed, or, rather, taxed, with a progressive politico-medical genius, at so much per month, who is always in a hurry, or always hotly indignant, or always angry, to judge from the manner in which his little "write-ups" appear in the daily papers. This suddenly famous party starts out with a new fad every little while, and which, as a rule, he ends as he began, in being mad, or indignant, or in a hurry—to do something else. But his salary goes on regularly. One of his semi-occasional hold-ups of the public peace consists in a suspender-breaking persecution of the tall chimneys which belch forth sooty black smoke, thus obliterating the fair landscape, and blotting out the sky-scraping buildings, as well as hiding the big-footed Liberty on top of the statuesque statue in the public square. But after nearly driving a half dozen money-bringing firms and machine shops into other and more sensibly-officered cities, his indignation, and hurry, and anger cool down, and the same tall chimneys continue to pour out more sooty

black smoke. It is a fad—a political make-believe—coming up and dying down epidemically, just as scarlet fever and measles, or top-time and kite-flying, come and go. But his salary goes on just the same.

Sprains.—Heat applied by any one of the modes is one of the most effective remedies for sprains if applied immediately after the accident. A temperature of 110° F. is too extreme at first. It is best to begin with a temperature of 100° , gradually add boiling water (keeping the thermometer in the vessel), slowly increasing the temperature up to 115° , and possibly to 120° . The latter is extremely high, but the results are better.

Oxygen in Diabetes.—To a man sixty years of age Ascoli gave large quantities of oxygen each day for a little over three months. During this time the quantity of urine diminished, its specific gravity decreased, sugar was reduced to a small proportion, and in two months entirely disappeared; three months later the sugar had not reappeared, although the patient had gone back to a diet of starchy foods. He also gained materially in weight.

Medicine Made Easy.—When we first entered the medical profession, nearly a quarter of a century ago, we knew a homeopathic physician who began his active professional life after reading medicine just six weeks.—*Practical Med.*

[So? was that the way of it?

But when the Englishman told that duel story it was the Frenchman who was up the chimney. We personally knew of an old school doctor who had but two (?) remedies: calomel and blue mass. Yet he did fairly well—probably as well as the six weeks homeopathic doctor. Next!]

Word comes from Detroit and Ann Arbor that some of the former movers of the bill for removing the Ann Arbor school to Detroit are going to try their hands once more upon the legislature and so hobble any appropriation for the support of the University as will make it obligatory on the part of the regents to comply with the last legislature's command and move the school to Detroit. Is it not about time to let this removal business drop? When the highest court in the State decides as it has that the action of the legislature was unconstitutional, to continue the agitation looks very much as if some other object were back of the scheme than the pure good of the school. When the Detroit physicians show to the homeopathic world that they are able to take proper care of what public institutions they already have, then there may come a time to re-agitate the removal matter; but with the Old School clamoring for

admission into the one homeopathic hospital of Detroit, and likely to succeed because of indifference and neglect of that hospital by the homeopaths, it looks dubious to increase its responsibility.

The next Pan-American Medical Congress will be held at Caracas, Venezuela, in December, 1899.

In Louisiana the State Board of Health supplies antitoxine free of charge when used on poor patients.

Hyperidrosis, says Dr. Cantrell, if not treated early and relieved, will be followed by eczema, and this in turn may be followed by a distinct tylosis.

The great food manufacturers The Imperial Granum Company have withdrawn their advertising from the secular press, and will confine their patronage to the pages of medical journals. Imperial granum is already well known to thousands of physicians, but this company has decided, and wisely, too, that in order to secure the full indorsement of the medical profession of the country, it is desirable to restrict its advertising to the medical press.

Dr. H. E. Beebe, vice president of the Ohio State Board of Medical Registration and Examination, while present in Cleveland recently with a brother member of that board examining the colleges of this city as to their standing and equipment, etc., at the request of the dean of the Cleveland University of Medicine and Surgery delivered three lectures to the students of that school, selecting for his topics: "Medical Ethics and Medical Codes"; "Sectarianism and Fanaticism in the Practice of Medicine"; and "Medical Ethics Is but Duty Well Done."

Opium Poisoning.—In any case of opium poisoning (Stickney, in *Medical Record*) I would first employ an emetic; then I would give hypodermatically one-fourth to one-half grain of cocaine; wait twenty minutes and give another injection of cocaine. After twenty minutes I would repeat the dose if no manifest improvement had set in. I often give three separate doses of one-fourth grain each at intervals of twenty minutes. This is best on account of the quick diffusibility of the drug and its sustained effect. Coffee by mouth or rectum, and artificial breathing. This is an improvement on the atropine and the permanganate-of-potassium methods.

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



BERNARD CLAUSEN, M. D.,
Hoboken, N. J.

PROFESSIONAL WAGES.

AN attorney-at-law of Chicago has been sued for an alleged retaining of moneys belonging to a client, with the following chief facts: A gentleman insured his life for \$2000 made payable to his mother. Marrying later, he changed the beneficiary to his wife. On his decease the company paid the amount to the wife. Whereupon the mother instituted suit against the company, pleading that her consent to the change of beneficiaries had not been first obtained. The court sustained this position and decreed the payment of a certain sum, for which the mother's attorney gave his receipt. For this amount, the administrator—the mother having also, meantime of the law's delay, been gathered

unto her fathers—the administrator of the estate brings suit. The former attorney, upon interview, says (quoting from a morning paper): "I entered into an arrangement with the dead mother, whereby I was to receive one-half on the entire judgment, she to pay the costs. The case was in litigation for years, and I paid the costs for everything. I was suing for \$2000 . . . and afterward the Supreme Court gave me a decision for something like \$600. . . . Any attorney will tell you that my services in the case were worth from \$1200 to \$1500, and therefore I was surely entitled to the \$600. . . . After the costs were deducted from the net judgment there was only something like \$100 for my services, which extended over several years." With an explanatory and exclamatory note that the newspaper chronicling this common occurrence speaks of "disbarment proceedings," we will hurry on to our point.

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WHICH is this: This attorney gave no more time to the learning of his profession than does the average medical man to his, with every inherent probability that he gave less. This attorney expended no more of money and labor in the so doing, again with an overwhelming probability that he expended less, than the average medical man. This attorney had need for no more acumen, *i. e.*, brains, in his successful effort at pocketing *all* the monetary judgment awarded his client than the average medical man calls into requisition with even the meanest case of measles. This attorney did no more—and, indeed, infinitely less—than every or any medical man does when he takes up his daily, ay, hourly warfare with DEATH! For all that a man hath will he not give for his life. Then, why this brutal disparity in their remuneration? Fancy for one instant a physician charging his patient in proportion to his salvage—the value of the property rescued from certain destruction. In a known instance, in the writer's experience, the life of a prominent financier was saved, after a council of other-school practitioners had pronounced him incurable, with the day of death

irrevocably set. The later physician, by rare "luck"—so it was called afterward—but, in reality, because of better equipment, mentally and professionally, saved this great Napoleon of Finance, so that to-day he is again mingling with the well and the strong, with the "bulls and bears," instead of with post-mortuary worms. This later medical practitioner presented his bill—not for one-half of the "property" saved, nay nor even for a thousandth part thereof; but for a simple \$56. Need we litter this page with repetitions of that old, old story that the ex-patient "kicked," and refused to pay the "exorbitant" bill? and the last medical man, after a wearisome wait, was glad to avoid a possible blackmail or malpractice suit by accepting a little more than half of the presented bill, because forsooth (let it be told under the breath, and behind the arras, for very shame), the other physicians, disgruntled because the ex-patient had not verified their diagnoses, were ready to appear in court and sustain the demurrer of the ex-patient!

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NOW who is to blame for the possibilities related in the foregoing paragraph? Primarily and ONLY the physician himself. There is a painfully plentiful lack of cohesion among the medical craft; not alone as between the varying schools, but in each school of and by itself. Has anyone any certified instance of a lawyer ever being declared exorbitant by a court when his fee has been brought in question? Can we say as much for our own underpaid profession? Can we point out many instances where two lawyers willfully contradicted each other on personal grounds; and dare we say this in any but a deprecatory sense of the medical profession? If instead of fighting the windmills of tweedle-dee and tweedle-dum; if instead of stilettoing each other because of a fancied slight—the patient visiting or calling in a brother physician after our own unsuccessful ministrations to his wants—if the profession would unite on proper legislation as to the fee bill, standing by each other, shoulder to shoulder, elbow to elbow, in the collection of its bills, there would soon cease to be this talk about the doctor being a poor business man and worse financier; there would soon be fewer widows of former eminent medical practitioners, taking in plain sewing, or living a precarious existence on the charity of relatives.

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SOME time since, in an Eastern medical contemporary journal, we noted that a physician, more hardy and adventuresome than the rank and file of his profession, essayed to hold a wealthy man to that moth-eaten, thumb-stained, time-worn promise that "if you will get me out

of this illness, I will mortgage the half of my possessions and make it over to you," or in words and figures much to the same intent. This agreement having been made without solicitation on the part of our profession, in the presence of credible witnesses, the man being truly in jeopardy of his life, he was believed to mean what he had soberly declared. As usual—how many times "usual" in the life of every practitioner of medicine—the Devil-was-sick-promise, like and with the illness, disappeared. The medical man brought suit. Since that time nothing has again appeared in the journals, and the matter has doubtlessly been dropped as too ridiculously quixotic for further encumbering of the annals of medicine. For even if the case had been permitted to come into a court, where the bench is part of the profession which holds up each other's hands in all matters of personal fees, the judgment—could a petit jury have been found sufficiently ignorant to hold this wealthy man to his ante-recovery promise—the judgment would have been set aside by the half-dozen red-tape circumlocution courts through which the fool-litigant had been dragged for years, on the plea that the ex-patient was at that time of making this promise not responsible for his said promise, being not then of sound and disposing mind; and that, therefore, undue influence was necessarily brought to bear upon his enfeebled mental and physical condition. But let a poor widow sue for two thousand dollars; let this monkey-and-cheese-and-cats court of McGuffey's Second Reader be called in to dilly-dally and delay and harass this poor widow for a few years; let the court of final resort then decree the payment of a certain sum of money; then the poor, overworked lawyer who has meantime helped the judicial machinery to eat up the kernel, presents the shell to the contesting widow. Eaten up by the costs! Jarndyce and Jarndyce! Laughed out of court! Bless your innocent but jealous hearts, brethren of the medical profession: There is but one way to come to an understanding with the laity on this question: *Action! ACTION! ACTION!*

Materia Medica Miscellany.

Conducted by A. PERRY SEWARD, M. D., 113 West
Eighty-fifth Street, New York.

References in this department are made by number.
See issue of January 1, or December 15, of each year.

Ferrocyanide of Potash IN NEURALGIA.
—Dr. Wm. G. Dietz²⁰ offers the following summary, the result of personal experience with the remedy in question:

1. Its principal usefulness in neuralgic affec-

tions, depending on an impoverished condition of the blood ; or an exhausted condition of the nerve-center, especially the spinal.

2. Reflex neuralgias ; especially those of intrapelvic origin.

3. Its possible use in neuralgic or rheumatic pains, depending on organic disease of the nerve centers, such as locomotor ataxia.

4. To obtain good results the remedy must be given for some time. Not being an analgesic in the strict sense of the word, it rather cures than palliates, by removing the cause.

Ferrocyanide of Potash IN NEURALGIA.—Dr. Wm. G. Dietz.²⁰—Mrs. H., aged twenty-three, farmer's wife and the mother of three children, was brought to me by her mother. Patient small in stature, anæmic, and weak. She has been told that she has incurable heart disease, and merely came in the hope that something might be done to relieve her pains. The beginning of her trouble she dates back from three to four years. Complains of a great deal of distress in the region of the heart ; frequent attacks of pain which she describes as a severe ache with occasional sharp plunges. The pain is generally aggravated by moving about, any exertion, and relieved by keeping quiet, though occasionally the reverse is the case. The paroxysms are, as a rule, accompanied by palpitation of the heart, which occurs also independently of the pain. Mentally she is depressed, knows she has heart disease and that her days are numbered. Appetite fitful ; bowels inclined to constipation. Urine pale, voided rather frequently and increased in quantity, sp. gr. 1014, no abnormal constituents. No complaints referable to the reproductive organs. Inclined to chilliness, hands and feet cold. Has taken quantities of patent medicines. On physical examination could detect no signs of organic disease.

Gave her kali ferrocyanicum 1 x, tr. ij, three times daily. In about two weeks improvement was noticeable ; continued the remedy about four months, when she considered herself entirely well. Does her own work, and has only occasionally a slight return of the pains, usually caused by overwork. The mental symptoms in this case correspond closely with those of the provings as recorded in the Encyclopedia of Pure Materia Medica.

Gelsemium Sempervirens.—Dr. Hengstebeck², of Leipzig, sums up as of greatest practical importance the following indications for gelsemium :

1. Paralysis of the eyelid (sinking down of the upper eyelid).

2. Diplopia, paralysis of the muscles of the eyes (both caused by paralysis of the nervus oculo-motorius).

3. Paralysis after diphtheria.

4. Paralysis of the vocal ligaments (paralysis of the nervus laryngeus infer.).

5. Difficulty in deglutition (paralysis of the rami pharyngei of the nervus vagus).

6. Headache, extending from the neck over the head into the eye (similar to that of cimicifuga), with characteristic mental symptoms ; at times megrim.

7. Diseases of the male and female sexual organs : impotence, incipient gonorrhea, rigidity of os uteri during parturition, menstrual troubles.

8. Professional ailments (professional neuroses) (cramps from writing and from playing the violin).

Chelidonium IN RHEUMATISM.—Dr. W. A. Burr²² emphasizes the need of thorough study of a case by the relation of the following case :

A girl aged six years, in the third week of a slow remittent fever, was suddenly taken with severe rheumatic pains in her ankles and feet. The skin became hard, somewhat reddened about the inner ankles, and the feet considerably swollen and distended. The slightest movement or touch extorted screams of pain, from which the only possible relief was constant ablution in hot water. For convenience a hot poultice was tried, but it became necessary to return to the hot water. Save a little rheumatic pain of the neck and a slight pain over the bladder, there was no pain elsewhere, no appearance of jaundice, nor any great disturbance of the alimentary tract. The temperature averaged about 100° and the pulse 112. The urine was loaded with urates, but was normal in quantity.

For three days she grew from bad to worse, the paroxysms of pains coming at more frequent intervals and lasting a greater length of time. Neither rhus tox. nor bryonia, the latter seeming the true homeopathic remedy, had done any

good. I was sent for in haste, for a crisis, in the minds of the parents if not in the disease of the patient, had come, and something effective had to be speedily done.

A careful review of the case led unmistakably to chelidonium, which was given in the 1x. The effect was marvelous. In a few hours the pain was gone, the swelling of the feet began to subside, softening of the skin and relaxation of the feet followed, and in a few days the patient was practically well.

Picric Acid IN BURNS.⁶—Papazaglou recommends, from practical experience, the employment of picric acid in the treatment of burns. He claims that the application of the solution of this acid to the burn does much to relieve pain; that it is antiseptic, and prevents or clears up suppuration; that it favors cicatrization and healing of the skin; and that, if applied immediately after the accident, it prevents, to a great extent, the formation of blebs and cutaneous congestion. Where the burns are very extensive the patient may be immersed in a bath of picric acid; if the lesions are limited, a picric acid solution may be placed upon antiseptic gauze and applied to the part. The following solution is the one employed:

R. Powdered picric acid, 75 grains; alcohol, 2 ounces; boiled or distilled water, 1 quart.

These applications are employed for three or four days, rigid antiseptic precautions being continued.

Even in severe burns two or three applications are quite sufficient to produce almost an entire cure.

Felix Mas. ATROPHY OF OPTIC NERVE FROM TOXIC DOSE.⁷—Since Massius reported two cases of amaurosis caused by the ethereal extract of male fern, Grotz has reported another. A man, twenty-nine years old, went to the drug-store and asked for something for tapeworm. The druggist gave him capsules, each containing twenty-five centigrams of male fern and an equal amount of pomegranate. The patient took thirty-two of these with some castor oil. In the evening he began to feel ill, and the next day became unconscious. On the following day he was completely blind. An examination by an oculist at that time showed mydriasis with a normal fundus, but eight days later atrophy of

the optic nerve was apparent. The toxic action was due to the extract of male fern. The toxic dose varies from four to forty-five grams, depending upon the freshness of the preparation and also on the presence of castor oil, which favors the absorption of the male fern. In experiments the male fern given without oil was harmless, but the same dose given with oil caused the death of the animals.

Aconitine, DANGERS OF.—Dr. Tondeur⁸ describes the toxic effect of a fifth of a milligram of the crystallized azotate of aconitine. Pronounced manifestations of intoxication appeared, dilated pupils, creepy feelings, cramps, feeble respiration, arhythmic heart beat, pricking of tongue and lips, constriction of the throat, abundant flow of saliva, excitation alternating with prostration, and finally complete arrest of respiration. By means of artificial respiration, injections of ether, tincture of belladonna, and frictions with mustard water, etc., recovery was brought about. He therefore advises never to order more than a tenth of a milligram.

A Cure with Cuprum.—Mrs. W., a Scotch lady, over seventy-five, had suffered for a number of years past with cramps, beginning in the toes and extending into the muscles of the calves. If the attacks were not cut short the muscles of the leg were knotted up to such an extent that one could lay one's hand in the hollows between the rigid muscles. Stepping upon a cold floor would bring them on, or walking any distance. They seemed to come about so often whether any exciting cause was present or not. Her own physician in a distant city—an allopath—could give her no relief except with morphine. Warm applications soothed her somewhat, but morphine was the only thing that relieved the great pain of the attacks.

When on a visit to Detroit I was called to see her at the beginning of an attack. She asked for the morphine, and said nothing else would relieve her. Promise was given that she should not suffer, and cuprum met. 3x prescribed. The attack passed off very quickly and without any hypodermic. She has had one mild attack since, which cuprum relieved, and no other. She walks a mile to church Sundays, even when snow is on the ground—a thing she has not been able to do for at least five years.

Pulsatilla 200th, INVOLUNTARY PROVING OF.—Dr. C. E. Fisher¹⁴ describes the experience of Miss —, aged twenty-seven, a bright young lady in good health, who accidentally drank a solution of two ounces of water and twenty drops of *pulsatilla 200th* toward the middle of the afternoon. Early next morning she suffered severe uterine crampings, much like menstrual colic, was slightly nauseated, and fainted before breakfast. The pains were acute and colicky in character. The eyes were encircled with dark rings, the pupils were somewhat dilated, the lips ashen and face bluish, hands and feet cool, circulation impaired, heart's action and breathing labored. For several hours she suffered severe cramping pains, general circulatory disturbances, and light-headedness. No other operating cause could be traced, and as all the symptoms wore away within a few hours without medication and without disturbances of the digestive organs, the conclusion was forced that the case was one of an involuntary proving of the remedy. The subject is easily influenced by the higher attenuations, is in the enjoyment of fair health, without uterine or menstrual difficulties. The proving occurred a week prior to the menstrual nixus, which was not influenced thereby. The patient faints easily, usually painlessly. But her fainting spell at this time was attended by writhings and severe pain, with a pitiful wail of woe as she lost consciousness. It was attended also by severe pressure in the head, on the vertex, and an agonizing sensation of impending faintness never before experienced, with a "just tell them that you saw me" expression that seemed to say that her fainting was unto death.

China IN DIARRHEA.—Dr. D. H. Dean.⁵—A gentleman, aged forty, had been troubled with a diarrhea for three weeks. Just previous to his taking the diarrhea he had been traveling about two weeks, eating a great deal of fruit and otherwise careless with his diet. After returning home he tried dieting himself and took several simple home remedies, but to no purpose. The stools were aggravated by eating; some colic previous to going to stool; stools blackish in color and containing undigested matter; a good deal of debility. I prescribed *china*, ten drops tincture in one-half glass of water. This produced marked aggravation. I then put one tea-

spoonful of this solution in one-half glass of water, and he felt relief from the first dose and very soon was entirely well. He afterward told me that what surprised him was that this checking of the diarrhea was not followed by constipation, and said he was a convert to that method of healing.

Spigelia IN SPASM OF STOMACH.—Dr. Villers.²⁷—A woman, aged thirty-two, of robust frame, suffered from a spasm of the stomach, coming on every evening at eight o'clock; after great exertion it comes on during the day. It goes off when she goes to bed and falls asleep. She has also a sensation as if the left side of the chest were larger and wider than the right; this she only feels when lying down. Auscultation reveals an obtuse murmur with the diastolic heart's sound. This murmur is strongest under the third rib, near the anterior axillary line, and in the supraclavicular space of the same side. She got for a fortnight daily one drop of the 30th dil. of *spigelia*. On seeing her two months afterward she told me that she only had one more attack of spasm of the stomach. Auscultation showed perfectly pure heart's sounds without any murmur.

Niccolum in Migraine.—Dr. H. Moser³³ has a paper on the treatment of this malady. His experience is that one can never hope to cure a case without getting the patient to give up coffee entirely; that sanguinaria and iris are the leading remedies; and that *niccolum*, when indicated, "will surprise." Its pain is most severe in the forenoon, from ten to eleven, and may be so intense then that the patient cries out in anguish. It appears first on the left side, then possibly jumps over to the right. In the evening it disappears.

Capsicum IN BLACK EYE.³⁸—There is nothing to compare with the tincture or strong infusion of *capsicum annum* mixed with an equal bulk of mucilage or gum arabic, and with the addition of a few drops of glycerine. This should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

Ipecac. IN CLONIC SPASMS.—Dr. Kunkel (Transl.).⁹—A man æt. seventeen, sanguine temperament, had scarlet rash, and catching cold, had a swollen foot, and suddenly a clonic spasm. Patient lies on his back unconscious, face pale, bloated, eyes now shut then open, horrid twitchings of the facial muscles of the lips and eyelids as also of the arms and thighs, so as to lift up the upper part of the trunk. Such an attack lasts from ten to fifteen minutes; then patient lies exhausted, and the next attack will come on in five minutes. At times he seems to want to vomit. After the attack ceases he is weak, knows his family, but cannot speak aloud. Ipecac. 2d eased the spasms within an hour. He had a good night's rest and recovered.

Iodide of Arsenic IN CHICKEN CHOLERA.—I can fully indorse, says Dr. Boocock,²⁰ the curative powder of iodide of arsenic in certain forms of humid asthma, having been successful in a few cases. I want to speak of this medicine as a means of curing the summer complaints we often meet during the hot weather. Two years ago I lost almost all my chickens by chicken-cholera. Last summer a new lot of hens and chickens began to die off by the same disease. I thought it a good chance to try ars. jod. I mixed about two pounds of meal with two drams of the remedy, and left the mixture in the chicken-house for them to take at will. It cured every case. I had a good lot of it left to throw away. In severe cases of cholera infantum it promptly cures when all our usual remedies failed.

Æsculus Hippocastinum IN CHRONIC OTORRHOEA AND DIARRHEA.—Dr. F. O. Pease.⁵—Mr. D. W. C., aged fifty-six, had been under my care for some weeks troubled with chronic otorrhœa and diarrhea; when the latter was better the ears were worse, etc. Treatment thus far had been unsatisfactory to me though the patient seemed satisfied. It transpired that in taking a new "photo" of the case, he said to me, "Doctor, you may laugh at me, but the only relief I get from the aching in joints of my hands and wrists, and in my arms, is from tightly holding this buckeye in one or other hand; always in from five to twenty minutes the aching or pain will gradually leave." Now, I did *not* laugh at him, but went into his history and found that eleven

years before he had had an operation for hemorrhoids (injections of carbolic acid and oil), and that ever since his hearing had troubled him, and that the diarrhea also had begun not long after, although the piles had only at long intervals troubled him.

I further learned that the piles themselves had been æsculus piles, and I also further learned from "Guiding Symptoms" that that remedy had many of my patient's symptoms which he now had, and had had years ago. I gave him in the order named æsculus, and my patient's otorrhœa, diarrhea, rheumatic stiffness in hips, aches in hands, arms, and deafness have disappeared, as also the severe case of piles which developed soon after giving the remedy, which I treated industriously and successfully with sac lac.

Rhus IN FACIAL NEURALGIA.—Dr. Lutze.⁸—Mrs. L. Neuralgia on left side of face, neck, and left shoulder; better from warmth of fire, rubbing, and external hot applications and motion, must move or rock, cannot keep still; worse in the morning at 9 o'clock, and evening from eight to twelve, from rest or cold. Picking or pressing with a toothpick at and between the teeth on the left side also relieves somewhat. Sleepy after the aggravation. Rhus³⁰⁰, and next day rhus^{1m}, no change. Sac. lac. for three days, but getting worse. On the sixth day I gave in the morning rhus^{100m}, one dose in water, a spoonful every hour, and a cure followed in four hours. The neuralgia returning a few days later, another small dose of the same, rhus^{100m}, was given, which put an end to the trouble.

Belladonna IN WORM FEVER.⁸—Arthur H., æt. three years, has been a pale, feeble child since birth; never had a normal stool, but always diarrhea, generally with prolapse of rectum. Awakened, or, at least, sits up at night in bed screaming, and cannot be pacified; wets the bed at night; also passes worms now and then. I had treated the child now and then, giving cina²⁰⁰, which improved him very much, but finally the mother brought him to me, saying he had the worst worm fever he had ever had, though he had this every now and then. She could give no new symptoms. The boy's cheeks and tips of ears were a brilliant scarlet red, the other parts of the face, especially around

the mouth, white as snow ; brilliant staring eyes, dilated pupils. Skin dry and hot like fire. When I spoke to him coaxingly he flew in a rage, such as I should have thought a child so young hardly capable of.

Bell.^{em}, one powder in water, a teaspoonful every hour, produced such a remarkable improvement in one day that he seemed almost well, but on the third day there was some return of the fever and irritability, when I gave a small dose of Bell.^m (Fincke), which cured in a week the whole condition, and he has been well and healthy ever since.

A CLINICAL STUDY OF ANTIPHTHISIN (KLEBS) IN TUBERCULOSIS OF THE KNEE-JOINTS.

By W. LAWRENCE WOODRUFF, M. D., Phoenix, Ariz.

MISS —, aged thirty-three years ; mother and sister died of consumption. Length of sickness, ten years.

She came under my care on February 5, 1896. She had been under the care of some of our best physicians, who always diagnosed her case chronic rheumatoid arthritis. I found her, the third day after she arrived in Phoenix (at the end of a two thousand five hundred mile journey taken on a bed), still fast in bed, with a temperature of 102°, pulse 110, both knees very much swollen, red, œdematous, pain intense, ankle joints slightly swollen and tender, thumb joints swollen, joints of arms stiffened, maxillary joints stiffened, unable to open mouth but half the usual distance. Prostration extreme, digestion poor, bowels constipated, urine scant but normal in quality, passing less than one pint in the twenty-four hours ; lungs only slightly involved, was just developing slight hacking cough, no expectoration, very nervous, slept but very little.

This patient has a history of weak digestion, deranged nervous system, hysteria, and abnormal appetites, since her tenth year.

For the next five weeks I gave her case very close attention and much study. The fever, in spite of the exhibition of the indicated remedy, kept gradually creeping higher and still higher ; prostration was gradually increasing, and, in spite of my best endeavors, it looked as if she must die.

The diagnosis of chronic rheumatism did not explain to my satisfaction this persistent fever, and the rapid slipping away from life that I was vainly trying to combat. At last, notwithstanding the fact that several eminent physicians had made the above diagnosis, I fully made up my mind that I had to deal with a case of tuberculosis of the knee joints in particular, with a more or less involvement of the whole system.

After fully making up my mind on the diagnosis, I called in consultation Dr. C. S. Hoag, of Bridgeport, Conn., who was visiting in Phoenix. He coincided in my diagnosis ; said she had but a short time to live ; that he could offer no better treatment than she had been having, except antiphthisin (Klebs), which he felt sure was the only thing that gave the least promise of meeting her case, and that he was afraid she was too far gone for that to do any good. We put her on two-grain doses hourly of antipyrin to control the fever while getting the antiphthisin, but it did not control.

On the 15th day of March I gave her the first dose of antiphthisin, $\frac{1}{10}$ of one cubic centimeter, per rectum. The following tables of morning and evening temperatures, and pulse taken at the time of the greatest exacerbation, and dose from day to day will best enable the reader to appreciate this grand remedy.

At this writing, October 1, this patient is making a substantial improvement ; her temperature and pulse during July, August, and September were normal ; weight one hundred and five pounds, appetite good, also digestion ; kidneys doing their work all right, bowels much improved.

Repeatedly during the past three months the patient has taken carriage rides of from fifteen to twenty-five miles, and this with the atmospheric temperature ranging above 100°. She walks where she pleases, and is on the highroad to recovery. There is no cough ; both knees nearly normal in size, tenderness about gone, and other joints normal.

The dose of antiphthisin has been cautiously and gradually increased until now she is taking two cubic centimeters per rectum each day. The line of collateral treatment has been the indicated tissue remedies, with occasionally nux vom., gelsemium, and arsenicum iodide as they

were indicated. I have used antiphthisin during the last year in several other cases of pulmonary tuberculosis with uniformly good success. I give this case as a typical case of tuberculosis, and because it is a typical illustration of the action of antiphthisin in active tubercular cases.

These tables are a fair average example of the records of my other cases, and as a study of the action of this remedy in tuberculosis it can be

under third rib : lower half of upper lobe very much thickened ; lower lobe of the same side slightly thickened ; tuberculous bacilli, 248 to the field, has made the same progress, and now, after five months of antiphthisin, is the picture of health at one hundred and forty-five pounds' weight, with cough and expectoration greatly diminished. In this case the records of temperature and pulse are nearly identical with

Day of Month.	MARCH.				APRIL.				MAY.				JUNE.			
	Antiphthisin Dose cc.	Morning Temperature.	Evening Temperature.	Pulse.	Antiphthisin Dose cc.	Morning Temperature.	Evening Temperature.	Pulse.	Antiphthisin Dose cc.	Morning Temperature.	Evening Temperature.	Pulse.	Antiphthisin Dose cc.	Morning Temperature.	Evening Temperature.	Pulse.
1	92½	100½	100		98½	100½	100	1½	97½	99½	96	1½	98½	98½	94
2	92½	100½	99		98½	100½	100	1½	97½	99½	82	1½	97½	99	84
3	92½	101	105		98½	99	99	1½	97½	99½	82	1½	98½	98½	84
4	92½	101	110	Hypo 1½	98½	99½	99	1½	97½	99½	81	1½	98½	98½	84
5	100½	102	115		98½	99½	96	1½	97½	99½	82	1½	98½	98½	84
6	100½	101½	110		98½	99½	100	1½	97½	99½	80	1½	98½	98½	84
7	99	101½	110		98½	99½	99	1½	97½	99½	82	1½	98½	98½	84
8	99	102	110	Hypo 1½	98½	99½	100	1½	97½	99½	82	1½	98½	98½	84
9*	99	100	100		98½	99½	97	1½	97½	99½	82	1½	98½	98½	84
10*	99	99½	96	1 c c	98½	99½	99	1½	97½	99½	82	1½	98½	98½	84
11*	99	99½	100	1	98½	99½	97	1½	97½	99½	82	1½	98½	98½	84
12*	99	100½	100	1	98½	99½	88	1½	97½	99½	82	1½	98½	98½	84
13*	99	100	96		98½	99½	125	1½	97½	99½	80	1½	98½	98½	84
14*	99	99½	96	*Hypo 1½	98½	99½	101	1½	97½	99½	80	1½	98½	98½	84
15*	99	101½	100	1	98½	99½	118	1½	97½	99½	80	1½	98½	98½	84
16	99	101½	110	1	98½	99½	110	1½	97½	99½	82	1½	98½	98½	84
17	Hypo 1½	99	101½	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
18	101 D. B.	101	130	1	98½	99½	90	1½	97½	99½	84	1½	98½	98½	84
19	99	101½	110	1	98½	99½	100	1½	97½	99½	82	1½	98½	98½	84
20	99	101½	100	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
21	99	101½	100	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
22	99	101½	100	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
23	99	101½	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
24	99	101½	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
25	99	101½	110	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
26	99	101½	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
27	99	99	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
28	99	99	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
29	99	99	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
30	99	99	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84
31	99	99	99	1	98½	99½	97	1½	97½	99½	84	1½	98½	98½	84

A. Hypodermic, in left knee joint ; all symptoms aggravated, ushered in by chill within four hours of treatment.

B. Increased dose too soon.

*Antipyrine, 4 grains hourly.

A. Hypodermic, in left knee joint ; intense aggravation within five hours, suffering intense

*Antipyrine, 4 grains.

*1 p. m.

* Normal bodily temperature,

* Normal bodily temperature, 97.7. Atmospheric temperature

* Cooler bodily temperature ranging above 115 each day.

28½.

When atmospheric temperature

for several consecutive days

ranges above 105, the normal

bodily temperature ranges from

97 to 98½.

relied on. I want to say right here, in appropriate cases, under proper surroundings, and with the proper care, my experience leads me to believe that these same results may be expected in every case with sufficient vitality left to respond to the remedy.

In another patient with pulmonary tuberculosis, with upper half of upper lobe of left lung consolidated ; cavity as large as a walnut

those given. She has had a normal temperature for the last three months.

In active tuberculosis antiphthisin can be relied on to control the fever and keep the temperature at normal, month in and month out, indefinitely. It also diminishes bacilli, reduces the cough and expectoration, and acts as a general stimulant to the whole system.

If it does nothing more than this, it gives the

physician the opportunity, with the indicated remedy, and with the proper climate, to bring about resolution of diseased tissues.

That in my cases the almost perfect climatic conditions were of material aid in bringing about results, I feel assured. The Salt River valley climate seems eminently adapted to this class of cases. I think any person who is fit to travel, who will make in it a sufficiently prolonged sojourn, with the proper exhibition of anti-phthisis, coupled with the indicated remedy, may expect, and in the majority of cases will find, the health he is seeking.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 43.)

BURNING—Continued.

Tm. morning: rat.—*after breakfast: aga-m.—*after diarrhea: phos.—*before stool: canth.
noon: ars.
afternoon: alum., ars.
evening: ferr-j.—*after scratching: merc-s.

BURSTING sensation: asaf., carb-v., caust., coffea, hyosc., ign., lyc., phos., puls., sulph.

Pr. drinking: carb-v.
eating: carb-v., dulc.

Ql. circumscribed — * epigastrium: ign.—*hypogastrium, when lying on the back: bar-c.—*hypochondria: ign.—*stomach-pit: ign.
painful: anac., asaf., carb-v., coff., sep., valer.

Ma. breathing: anac.
coughing: anac.
walking: lac-c., lach.

Cn. colic: coff., hyosc.
hysteria: asaf., castor., ign., mosch., valer.
suffocation: caps.

Agg. food: carb-v., caust.

Am. lying on the back, A.M.: ign.
passing flatus: carb-v., lyc., sulph.

Cs. drinking: carb-v.
eating: carb-v., lyc.

Tm. morning, lying on side: ign.

CHILL, commences in abd.: apis, calc-c. calad., curare, meny. (ign).

CHILLINESS: ars., k-carb., merc., paris., phos., plumb., puls., sec., sulph.

Ma circumscribed to upper part: ars, camph., k-carb., mang., oleand., sec, sulph.

diffused to sacrum and back: puls.

Cn. intermittent fever: cham., paris.

Cs. predisposition: caust., nit-ac.

COLDNESS: 1. *Æthus., ambr., ars., calc., camph., grat., petr., phos., sars., sep.* 2. alum., asaf., berb., bovis., caps., caust., chin., cist., colch., crot-t., hell., hydro-ac., k-carb., kreos., laur., meny., meph., paris., phel., plumb., podo., sabad., sec., seneg., sep., sulph., tabac., tart-e., tereb., verat., zinc.

Pr. colic, on waking from anxious dreams: hæmat.

drinking: asaf. — * spirituous drinks: phel.—*water: chel.; at every swallow, in upper part: chin. eating: chin., sulph.
stool: graph., phel.

Ql. alternating with heat, moving about: coffea.

circumscribed. — * epigastrium: camph., chin. — * hypogastrium: camph.—*both epigastrium and hypogastrium: ars., camph., cup, sec.—*integuments: ambr., camph., merc., tereb.—*R. S.,: oleand.—*one side only: ambr. — *umbilical region: rat., rut., tereb.—*upper part: ars., chin., camph., k-carb., oleand., sec., sulph.

CREEPING: bov.—*over abd., back and sides: meny.

diffused:—*across: sep.—*around to lower back: puls. — *over chest: camph.—to feet: calad.

external: ambr., camph., merc.—*with internal heat: camph.

internal: æthus., chin., cist.—*in upper part, after every swallow of drink: chin.

objective and subjective: æthus.
transient: sulph.

Sm As if it would become colic: hell.

As if uncovered, after dinner: tereb.

- Md.* drinking water : chel.
 moving about, alternating with heat :
 coffea.
 on every inspiration, in upper part :
 chin.
- Cn.* aching in bowels : æthus., calad.,
 meny.
 chills : æthus., ars., caust., chel., cic.,
 meny., merc., phos-ac., sec., sulph.
 coldness of back and limbs : sec—*of
 lower limbs : æthus.
 constipation : ambr., plumb.
 diarrhea : colch., *grat.*, k-brom., petr.,
 sars., sec., tabac.
 internal heat : camph.
 pains : phyt.—*colic : ars., asaf.,
 calc., phos., sep.
- Agg.* pressure of hand : meny.
- Am.* walking in the open air : dulc.
 warm, wet applications : æthus.
 warmth of stove : meph.
- Cs.* spirituous drinks : phel.
 cold wind : lyc.
- Tm.* morning : on rising from bed : meny.
 afternoon : alum., chel., lyc.—on
 drinking water : chel.
 evening : ars., zinc.
 midnight : calad.
 night : cup-s.—in bed : sulph.—on
 waking from anxious dreams, after
 colic : hæmat.
- Sb.* burning heat : ars., *camph.*, cup., sec.
- CLAWING.** 1. *bell.*, *coloc.*, 2. *acon.*, carb-a.,
 hep., ipec., lyc., mosch., puls., sep., zinc.
- Ql.* circumscribed. — *epigastrium :
 mosch.—*hypogastrium : bell., lyc.,
 puls.—*navel : acon., stann.—*around
 navel, > from pressure : bell.
- Sm.* As if seized with nails : *bell.*, *cocc.*,
coloc., lyc., puls.

(To be continued.)

OUR MATERIA MEDICA—A DISCUSSION.

DR. H. C. ALLEN of Chicago : Hahnemann says in Section 141 that a doctor is the best prover ; it has been suggested that a doctor should not know what he was proving. Hahnemann and his colleagues, the early provers, were treading an unknown pathway, they were proving

unknown remedies. They were without the guide of published works of symptoms ; they could go nowhere for information.

We have no proving on the healthy of secale ; the symptoms are toxicological. In proving melilotus no symptoms were to be had anywhere. In proving kali phosphorus the same thing occurred. Yet it did not injure the provers to know the remedy they were proving. Hahnemann states that a healthy, robust person is sometimes easily affected by a small dose, and *vice versa* ; this very frequently gives the key to the proving—the sensibilities of the prover, the idiosyncrasies of the prover ; that some individuals are not affected by a massive dose, just contrary to the expected : it is so with provers ; it is so with patients. Dr. Mitchell made the point, and it is worthy of our consideration, in laying down rules for future proving, that instruments should be used—the sphygmograph probably, the stethoscope, and with oculists the ophthalmoscope. Here we may encounter a task, perhaps a danger : the majority of symptoms obtained in this way would not be pathogenetic ; they would be of little therapeutical value. This is so in analyses, chemical, physiological, microscopical ; even the effect of the cathode ray would probably be the same. It is for diagnosis, not for pathogenesis. It would aid but little in the making of a new work on materia medica.

DR. A. C. COWPERTHWAIT, of Chicago : We might have a right to assume, from what we know of the work of the Baltimore Club, that we should go to work now on new lines of investigation, and build up a new materia medica, wiping out all that has gone before. We certainly have no right in this advanced day of scientific research and scientific methods of investigation, to make provings under any loose rules that may have been inaugurated one hundred years ago. We should verify our materia medica by rigid re-provings tested by the latest modern methods of study and research. In looking over the re-provings of an old remedy, one of the polychrests under the new methods of scientific investigation, I was astonished to find not one of the characteristics of that remedy left ; not one of those symptoms that have guided our fathers and led us to such results in that great work ; all these

had been wiped out and new ones substituted. Is that right? We should investigate thoroughly according to the lines of modern methods and verify the past, discarding that which we know is chaff. But when it is proposed to wipe out the great *materia medica* characteristics, I object.

DR. BUSHROD JAMES said that he held to the rules as laid down by Hahnemann. Hahnemann laid the foundation; he cleared away the rubbish, he dug the cellar and planned the foundation for our proving *materia medica*. In building the foundation of a building a great deal of rubbish is lying around. He laid the foundation and built as well as he could. Other societies and physicians who have been proving remedies ever since that time have taken all the knowledge they could gather and have adopted the very best methods in the proving of these remedies in their day. They helped to build up the wall still further. That building is not complete; that building has not yet had its embellishments put on, and you cannot say that the *materia medica* of to-day or the provings of remedies are anywhere near complete. As our former provers have helped to build that building, so we, in the light of scientific research of to-day, are to go on and add to the structure, and it will probably be a generation or two yet before the building is finished.

I do not want a new *materia medica*; go on and add to the existent *materia medica*; if the ophthalmoscope, sphygmograph, and the Roentgen ray and the various other instruments throw light upon this subject, let them come in to help us. I do not agree with Dr. Allen that we do not need instruments.

DR. E. R. SNADER, Philadelphia: I recognize that no one is entirely satisfied with Hahnemann's method of proving drugs; I have not heard of a complete approbation of it. The feeling is abroad that there is room for improvement in the method of proving drugs; individually I believe the older method could be improved upon. The question is not as to whether Hahnemann would have approved of it or not, but whether we have learned anything since his time. The members of a new proving society in my city, composed of some twenty specialists and general practitioners, propose to prove drugs in the best ways; all the specialists

examine the organs they are specially interested in.

Before a proving is made every man to take part is examined by each specialist separately, and a complete health record is taken so that we know him from head to foot, and he is then given a drug in varying doses until symptoms are produced, continuing with the drug so far as we think the individual can stand it. We further experiment upon animals, giving them doses in varying degrees, and we find out just exactly what has occurred and determine the meaning of certain subjective symptoms in man. During the progress of this proving continual observations are made not only with instruments of precision, but there are conditions that are not represented by the subjective state; we contend that after we have all the subjective symptoms and after we have our information from the experiments on animals, we will have a more thorough drug picture than we possibly could gather from Hahnemann's methods of drug experiments, and that now is the only question that will concern us.

BALDNESS DUE TO DYSPEPSIA.

DYSPEPSIA is not only one of the most common diseases, but it is also one of the most common causes for the loss of hair. Nature is very careful to guard and protect and supply the vital organs with the proper amount of nutriment, but when she cannot command a sufficient quantity of blood supply for all the organs she very naturally cuts off the supply of parts the least vital, like the hair and nails, so that the most important organs like the heart, lungs, etc., may be better nourished and perform their work more satisfactorily. In cases of severe fevers one can readily see how nature economizes. If one will examine a hair very closely from the beard or head, it will be seen that it gives somewhat of a history of an individual during the time it was growing. It will be observed that it shows attenuated places, showing that at some period of its growth the blood supply was deficient from overwork, anxiety, or under-feeding. Speaking of dyspepsia being one of the most common causes of alopecia, I will add that a very common cause of indigestion is irregularity of meal-hours.

The human system seems to form habits, and it performs its functions to a great measure in accordance with the habits formed. This seems to be particularly so in regard to eating, and you might say drinking, too. Your stomach gets into the habit of accepting your meals at a certain hour every day, and at that hour it is ready for it. If you, however, take meals at irregular hours you take your stomach by surprise, and it does not know when to expect a meal, and it is not in that state of readiness for prompt and perfect performance of its work. Be more careful about what you eat, when you eat it, and you will have less dyspepsia and fewer bald heads.

A HOMEOPATHIC DEGENERATE.

THE rumor referred to in a recent issue of this journal that a former homeopathic physician of Cleveland—or, let us qualify that a bit—one who was graduated from a homeopathic college—had gone over to the allopaths, proves to be true. This gentleman has been giving most of his attention since his graduation to surgery, and in the pursuit of his favorite pastime has devised a number of surgical implements. It was therefore but a half step from the Mild Power—if he ever really understood it—to the school which candidly avows that it has no confidence in its own therapeutics. We are informed that he has not only taken himself and his many surgical devices over to the alien camp, but that he is now doing penance to that school for his earlier heresy, by taking a course in one of their allopathic colleges so that, by and by, he may take down his homeopathic diploma and substitute for it the diploma of the later and allopathic school; or else make claim that he practices both ways. The lesson to be drawn from this o'er true tale is that when even a recent homeopathic teacher may be caused to desert his standard, there ought to be some sharp revising of the homeopathic teaching of our colleges in order not to infect and affect our students with the same surgical materialism. This medical man, already referred to, however, still continues to keep his brass sign under that of his old friend who was a sturdy and pioneer homeopath—now gone to his eternal rest—as much so as if he still belonged to the same faith

with his old partner and friend. Homeopathy has lost nothing by this desertion, on the principle of what one has never had, one cannot lose. And allopathy has secured one more ambitious advocate of surgical measures, in a school which has been overrunning with surgeons for years.

MINNESOTA OPENINGS.

THE following list of towns in Minnesota of over one thousand population with no homeopathic physician may be of interest to our readers. Dr. H. L. Aldrich, 313 Medical Block, Minneapolis, Minn., will give all needed information upon request (inclosing stamp). The State requires a State Board examination before a Council of Nine, three of whom are homeopaths. No one without a diploma from a college having a term of not less than three years of six months each will be permitted to take the examination. Examination fee is \$80.

Adrian, Aitkin, Appleton, Barnesville, Brainerd, Biwabik, Caledonia, Chaska, Cloquet, Dawson, Dayton, Detroit City, Ely, Glencoe, Hutchinson, Hibbing, Hopkins, Janesville, Kasson, Kenyon, Leech, Lake Crystal, Lanesboro, Madelia, Montevideo, Montgomery, New Prague, New Ulm, North Branch, Red Lake Falls, Rushford, St. James, St. Peter, St. Louis Park, Sauk Rapids, Sandstone, Sleepy Eye, Sauk Center, Staples, Springfield, Tracy, Tower, Two Harbors, Virginia, Waterville, Wells, White Bear Lake, Wilmar, Worthington, White Earth.

THE DOCTOR'S HORSE.

By C. E. CANADAY, Hagerstown, Ind.

E'er since the "long ago" of time,
 Poets have sung in grandest rhyme
 The deeds of heroes daring and bold,
 Again, in charming words, they've told
 The kindly deeds by women done
 In castle grand and filthy slum.
 They've told us in a lofty strain
 Stories of dogs o'er again and again.
 But another creature claims from us
 A share of the praise accorded thus:
 No creature that to service we force
 Is nobler than the doctor's horse.
 Thro' the sultry heat of a summer's day
 He carries the doctor on his way
 To the side of the man with heat o'ercome—
 Or the side of the babe that must soon succumb
 To the direful ravage of Cholera Infantum.
 And all the while as on he glides
 The foaming sweat makes white his sides.
 His widening nostrils are tossed high
 To catch the air that rushes by

He feels the heart within his breast
 Beating wild as on he's pressed.
 But on he draws the doctor's cart,
 Willing to do his humble part.
 Sisters, sweethearts often wait
 Anxious, weeping at the gate
 To see the doctor's horse appear ;
 To them it is a sight most dear.
 Thro' the winter's cold and snow
 Doctors' horses all must go ;
 To dread consumption's drear abode
 Or where the measles are abroad,
 To see some cringing human fraud,
 Who to the doctor long has owed
 A bill he could pay if he would.
 Thro' the rain and thro' the sleet
 The doctor's horse with tired feet
 Draws his master day by day
 To homes where sick a-moaning lay.
 He bears to them, in need, a friend
 Who may, perhaps, their suffering end.
 Then hail, all hail, to the doctor's steed ;
 He ministers to humanity's need.
 May he ne'er lack for kindest care
 But of all comfort have his share.

MATERIA MEDICA CONFERENCE.

THE Committee on Materia Medica Conference presents the following programme for the meeting to be held in Buffalo, N. Y., Tuesday and Wednesday, June 22 and 23, 1897 :

GENERAL TOPIC.

METHODS OF PURIFICATION OF OUR MATERIA MEDICA.

First Session, Wednesday, June 23, 1897, 3 P. M.:
 "Does critical analysis of drug provings by the chart method mean too much elimination?"
 J. P. Sutherland, M. D., Boston, Mass., Essayist.
 Disputants.—A. L. Monroe, M. D., Louisville, Ky.; L. C. McElwee, M. D., St. Louis, Mo.; H. C. Allen, M. D., Chicago, Ill.; A. C. Cowperthwaite, M. D., Chicago, Ill.; C. W. Evans, M. D., Chicago Ill.; J. L. Moffatt, M. D., Brooklyn, N. Y.

Second Session, Wednesday, June 23, 1897, 8 P. M.: "Is the method of the Baltimore Investigation Club qualified to fulfill its purposes?"
 Eldridge C. Price, M. D., Baltimore, Md., Essayist.

Disputants.—George Royal, M. D., Des Moines, Ia.; Frank Kraft, M. D., Cleveland, O.; Pemberton Dudley, M. D., Philadelphia, Pa.; M. W. Van Denburg, M. D., New York; W. J. Hawkes, M. D., Chicago, Ill.; W. A. Dewey, M. D., Ann Arbor, Mich.

Third Session, Thursday, June 24, 1897, 10

A. M.: "Purification by means of comparisons with normal standards." F. F. Allen, M. D., New York, Essayist.

Disputants.—Conrad Wesselhoeft, M. D., Boston, Mass.; M. Deschere, M. D., New York; J. C. Guernsey, M. D., Philadelphia; E. H. Walcott, M. D., Rochester, N. Y.; J. B. G. Custis, M. D., Washington, D. C.; C. F. Meninger, M. D., Topeka, Kan.

The allotment of time fixed by the Institute at its last meeting, for the appointed disputants, is ten minutes each.

The remaining time in each session will be open to volunteer speakers, who shall be limited to purely extemporaneous remarks.

Each volunteer speaker will be allowed five minutes as in the last conference, and the utmost latitude as to time will be permitted *when the subject is adhered to*, but it will be strictly enforced against desultory and irrelevant remarks.

Those desiring to take part in this Conference, which promises to be of great interest, are urged to communicate at once with the secretary, stating the topic upon which they desire to speak. This should be done at once. Last year many were shut out by sending in their names too late.

W. A. DEWEY, M. D., Secretary.

ANN ARBOR, MICH.

Globules.

Gladstone is an enthusiastic bicyclist.

Arhythmia is the most common symptom of "tobacco heart."

Aluminum instruments are corroded by all the salts of mercury.

It is claimed that the mortality rate has been lowered in New York City by increasing the area of asphalt paving.

The necessary expenses of a medical education in Germany (four years' course) is reckoned to be about \$700 per annum.

The transparent media of the eye have been shown to be impermeable by the X-rays. The condition of partly decayed or ulcerated teeth can now be determined by the use of the ray.

In recent trials Dr. Wolfe has found lactophenin quite efficacious in mitigating the pain of neuralgia, and in reducing the fever and favorably modifying the other symptoms of inflammatory chest diseases.

The Boericke Compend of the Principles of Homeopathy has reached this desk at last, and will soon be carefully reviewed. We may premise at this early moment that the book is fully up to our expectations, and a credit to its author.

The Mutual Life, of New York, says the (Ins.) *Recorder*, had a foreign application for insurance, and the application was "laid over" for further information because the applicant had a bad sore throat. By the last mail a letter was received in explanation, and which develops a peculiar treatment of the disease:

DEAR SIR: In reply to your favor of yesterday, I beg to inform you that the hoarseness in question lasted from three to four weeks.

Having got it in the beginning from a cold, I did not pay any attention to it, and only after it persisted for two weeks I consulted Dr. Raynal, specialist, who declared it to be a paralysis of the vocal cords. It was treated by putting three leeches on the anus, and pulverized cocoa for the throat. In about eight days the voice had come back completely, and I had no relapse afterward.

I hope that this information will fully satisfy, and remain,
Yours, etc.

A philanthropic music dealer of Michigan is advertising extensively to give *free* a famous prescription which cured him of the usual troubles in all such cases made and provided, after all others had failed and he was on the brink of insanity with the rest of the well-known chapter of calamities. Being moved to learn what his particular "gag" was in the matter, we sent for the prescription, received a printed R, containing damiana and the other things which every physician has known since his medical childhood's hours. And there was the usual Caution to have this prescription filled by the musically inclined philanthropist's firm of quack medicine venders, because druggists might use superannuated drugs or, indeed, substitute something entirely different. The music dealer sends a lithographed letter with a clumsily inserted address, and another lithographed letter on wretched paper, signed by a clergyman, commendatory of the "truck," and in pencil, written at the bottom, "Please return this." Because the music business is dull just now, he has taken up this medical business as a side line at ten dollars a week; thus accounting for his ability to carry from five to ten dollar advertisements each day in fifty or a hundred daily papers. It is a rather clever fake, and doubtlessly gathers in a good many suckers. But on what level may one put a man not so much for engaging in the selling of medicines in this disreputable fashion, but for filling the country with the printed statement that he himself had been guilty of all the vices enumerated, giving name, address, business, etc. As for the clergyman's indorsement, if that be not an arrant forgery, it would prove

nothing to any ordinarily constituted thinking mind. Such certificates are to be had for the asking, for anything medical from alopecia to piles.

How urgent has been the need of an entrance examination in the Western medical schools is indicated by the results of a recent test. Of seventy-two candidates thirty failed.

A Syracuse correspondent says that during November he had an attack of pneumonia with very great difficulty in digesting any food; on trial of the various foods, of which he had secured samples, he found none so palatable and easily digested as Imperial Granum.

Women? Oh, bless your innocent questioning heart; the gallant members of that election committee of the British Homeopathic Society have no special use for them in their society either as active or corresponding members. They are too far inferior in clay and brain to be trusted with such exalted associations, and as for ever being elevated to the possible fourteen, more or less, we question whether the present generation will ever see that in the case of any lady who is graduate of an American homeopathic school. You see we have long since ceased to believe in miracles.

Some talk in London, says Richey Horner, of having a homeopathic college. That's our old "talk" and frightens no old school practitioners. Pity some of the Chicago hustlers couldn't be imported by or deported to London. It wouldn't be long before the proper authorizing body would be waylaid, memorialized, and sandbagged into granting a proper charter for the establishment of a homeopathic college with a grandiloquent title and perquisites. It is to be regretted that some of the American activity cannot be transplanted to England, and so knock out with deadly blows several of the nonsensical medical laws and customs which fetter the old as well as the new school.

The propulsive, says Dr. D. D. Stewart, is the most important *function of the stomach* to attend to. It matters very little whether peptonization in any amount occurs in the stomach, if the latter empties itself within the normal period into the duodenum, in which organ, through the agency of the trypsin of the pancreatic juice, the digestion of proteids proceeds actively. Far too much attention is paid to ascertaining the absence or presence of hydrochloric acid without regard to discovering the condition of the motor function, whether atony exists or not. If only one function could be investigated, the motor would be, by all odds, the most important. The stomach is really, after all, little more than a mere receptacle for food.

In it some starch digestion occurs before hydrochloric acid becomes noted in any amount as free acid, and partial peptonization of albuminoids takes place. Fats are little, if at all, acted upon. The digestion of all these takes place completely and efficiently in the upper bowel, under the influence of the three ferments of the pancreas.

There have been ninety-eight cases of beri-beri, with six deaths, to date, in the recent epidemic at the Richmond Asylum, Dublin. The epidemic is characterized by a tendency to frequent and sudden relapses.

A New Turkish Bath.—The hot-sand bath in vogue among Mohammedans has been tried by Swiss physicians with good results in rheumatism, gout, and neuralgia. It is regarded as a potent sudorific, which does not affect the heart.

The Pine-shaving Cure for Baldness.—A humorous person recently wrote as follows to *The Sun*:

"SIR: In answer to your correspondent, J. M., who, in reference to E. S. E's pine-shaving and alcohol remedy for baldness published in *The Sun*, asks if it makes any difference what kind of pine shavings is used, I would say that the shavings of almost any of the pine family will answer; but yellow-haired people had better use yellow pine; black-haired, the bull black pine (*Pinus Jeffrege*); true blond, the golden pine, and elderly people the silver pine or the gray pine (*Pinus Banksianæ*). In applying the shavings the head should be well pitched and the shavings stuck thereon in artistic festooning. Care should be taken not to strike a match on the head or poke the fire with it while thus treated."

It will be matter for congratulation on the part of the homeopaths of Ohio to learn that the recent "kicking" on registration by "eminent practitioners," so frequently chronicled in the morning papers, was done by the Old School people and not by the homeopaths; also that the Board is causing these (Cleveland) Old School wheel horses to stop cavorting about and coming into camp; and, further, that Beebe, our homeopathic member in the Board, is growing more popular with each day with the physicians of the State. Only the other day he was referred to by the *Lancet Clinic* (Old School, Cincinnati) in the following words: "Dr. Beebe represents the homeopathic segment of the Board, and, by the way, it is a pleasure to say he is a scholar and cultured gentleman, and any board would be stronger by his presence in it. . . Dr. Scudder felt the cockles of his heart warming toward those physicians who were not of his own school, and invited a goodly number of his professional

acquaintances of each of the three schools to meet Dr. Beebe at a dinner at the Grand Hotel." Dr. Beebe was made the guest of honor and it is needless to say that he thoroughly sustained his part to the honor and glory of homeopathy.

The Board has been sued—or properly, perhaps, mandamus—by several parties; but so far the courts have knocked out the mandamusses.

It may be mentioned that the *Organon* has been translated into English, French, Italian, Spanish, Hungarian, Dutch, Polish, Russian, Danish, and Swedish.

Is it a fact that Dunham Medical College has been refused recognition by the Illinois State Board, or is this another lie propagated and propelled by a rival college?

Dawkins—What a healthy-looking man Dr. Squills is!

Dawson—Yes; he looks so different from his patients. I wonder who his physician is?

Dr. E. F. Storke of Denver—it is feared is lost or murdered in Mexico. He went there some months ago, was heard from once in the Chihuahua district, and all efforts since to learn of his whereabouts have proven unavailing.

Chappy—Ma told me to call here and ask you if you couldn't give me something for my head.

Dr. Blunt—You run home and tell your mother I wouldn't take it as a gift.

An Elevator Accident.—An elevator-car in the American Tract Society Building, New York, became unmanageable and fell several stories. The man in charge, with commendable presence of mind, called upon the passengers to stand upon their toes, thus breaking the force of the concussion. One man fractured his patellæ. But the advice saved all the others from serious injury.

The Medical Century has returned to its former monthly issuance, abandoning the semi-monthly plan, and leaving the originator of that plan, this journal, *THE AMERICAN HOMEOPATHIST*, in full possession of the semi-monthly field. Dr. Fisher is still on the Pacific Coast, while Dr. Wilson A. Smith is become the associate editor and is at present in full charge of the *Century*.

The Anti-diphtheritic Property of Human Milk.—Drs. Schmidt and Pfanz report the results of experiments made to determine the anti-diphtheritic properties of human milk. The anti-toxins of the milk pass into the digestive tract of the suckling child and thence into its circulation, without undergoing any change. It is generally recognized that suckling children rarely suffer from diphtheria. The blood-serum

from the placenta after the severance of the cord was also examined for purposes of comparison. The anti-toxins contained in the blood of a lying-in woman are less in quantity than those in the milk.

Dr. Jackson says: If you meet a case of *black tongue* don't fail to use *echinacea angust.* as a basis of your treatment.

A patient, a night or two since, after eating refreshingly of oyster soup at her house, became suddenly ill, vomited, and both eyes became swollen up and blackened as after a lesson in boxing with skin gloves on. What was the cause of the blackened eyes?

Materfamilias—John, the baby's swallowed a nickel.

Paterfamilias—Oh, well, it won't hurt him.

Materfamilias—I was mistaken, John; it was a ten-dollar gold piece.

Paterfamilias—Heavens! Telephone for the doctor, quick!

For the relief of the *pain of ovaritis* and of those subacute painful conditions of the female pelvic organs which are not of an operative type, Dr. Talley has been using tampons spread with equal parts of opium and belladonna ointment. The relief afforded by the support of the tampon and the anodyne ointment is prompt and grateful.

Dr. A. Perry Seward, 113 West Eighty-fifth Street, New York, will hereafter be in charge of the *Materia Medica* Miscellany department of this journal. Our readers will be pleased to know this, as Dr. Seward is a good homeopath, a writer of merit, and a painstaking reader of current literature. This department will be pushed to its greatest limit, and will reflect the very best to be found in contemporary *materia medica* literature.

To Prevent Gonorrhea—Blodasewski proposes the instilling (not injecting) one or two drops of a two per cent. solution of silver into the meatus after coition, a third drop being allowed to flow over the frænulum. This is so simple that it can be carried out by anyone. A silver solution of this strength kills the gonococci.—*North American Jour. Hom.*

Yes, that is also a good way, as the Dutch vendor of bed-bug poison remarked after having dilated upon the way of applying his medicine by taking the bug by the neck, squeezing him and then dropping the poison into this throat—after another a Yankee said he could do that better and quicker and cheaper by mashing the bug—then this Dutchman replied, "Yah, dot is also a goot way."

But isn't there a better way still of preventing gonorrhea, Dr. Garrison? In the country

where Blowed-up-sky-ski lives and has his being it may be the proper thing to educate the populace how to prevent having gonorrhea; but in this country a man's wife is measurably free of this evil.

Rooms occupied by consumptives can be kept free from odor and contagious dust by frequently sprinkling the floors (particularly before sweeping) with Platt's Chlorides, diluted with ten parts water; also keeping in the cuspidors Platt's Chlorides, diluted with four parts water.

The Crown Pen Co., of Chicago, has entered the medical field with a first-class pocket pen in which is concealed a clinical thermometer, thus doing away with the necessity of having one less article to crowd into the upper vest pocket, and one less to pick up about seventeen times a day from the floor. The idea is original with this company and worthy of success.

The Japanese Intestine.—Finding rice was better utilized by the Jap than the European, it occurred to Dr. Scheube of Kioto that some racial difference in the intestinal anatomy might supply the explanation. Professor Taguchi, after measuring the intestines of twenty-five cadavers at Tokio, now asserts that, after making proper deductions for variations in stature, the Japanese intestine is one-half longer than that of the European.

A Customer of mine whose home has recently been made happy by the arrival of a son and heir, rushed into my store, and asked me to put him up two bits worth of brass tacks. As that was a commodity I did not deal in, I imagined he had made a mistake, and, as usual, asked him for what use they were intended. He said, the nurse wanted them to dust on the baby. I supplied him with boracic acid and sent him away happy.—*Corr. San Francisco Druggist.*

Forty-five cases of typhoid fever have been reported in Paterson, N. J., during the past month as against twelve for the corresponding month of last year. The water-supply of that city is procured from above the Passaic Falls, and is considered exceptionally pure. The local physicians have so far been unable to offer a probable explanation for the infection, but report the cases as uniformly mild.

[What's that? Can we have typhoid fever without impure drinking water?]

The American Homeopathist.

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The American Homeopathist.

NEW YORK, MARCH 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



SIDNEY T. KELLEY, M. D.,
MOBERLY, MO.

MUCH LEARNING HATH MADE THEE MAD.

TWO former members of the homeopathic school, who held large space in the professional eye, have, according to late advices, left our ranks and gone over—the one to the coddling and speculative embrace of theology; the other to the more prosaic vending of Munyon's patent remedies. The special fact in each case to be chronicled and commented upon is this, that both these former homeopathic physicians (homeopathic physicians by virtue of a diploma earned in the usual way) were so learned in all the twists and twirls, the ifs and whys and wherefores of every possible thing pertaining to the making and administration of medicaments,

that both lacked ordinary good judgment—i. e., common horse sense; and so neither of the twain succeeded in practice. One had, in his time, strutted with much scholarly ability through the salary-period of a state position as teacher, while the other had held large sway as a redundant specialty-medical editor.

NAY, nay, the battle is not always to the strong nor the race to the swift. This has an especial and very sharp-pointed reference to the catechising and inquisitorial examination tribunals who affect to believe that no good can come up out of Israel unless the applicant for permission to practice be proof perfect, in a pedagogical sense, upon all the rudiments of knowledge: chemistry, botany, algebra, physiology, etc., etc., to the end of the nonsensical and pestilential chapter of petty inquisitions. Information has latterly come to our pen that quite recently an old and experienced physician, a one-time professor in some homeopathic college, a man of years and integrity, had failed of passing the Minnesota State board because lacking in some of the elementals of pretended knowledge—knowledge which he had forgotten mayhap a hundred or a thousand times over. And yet the good people of Minnesota are anxious to have homeopathic physicians locate in their eminent domain: so anxious forsooth that a non-advertising pharmacal firm of that State has taken pains to discover a whole hatful of "splendid" locations which are begging for homeopathic physicians. Strange, isn't it, under all the circumstances, that so many good locations should be standing in the market-place solicitous for physicians to come over and help them?

THERE is undoubtedly something else very much more essential in the making of a successful business or professional man than a glib, recitative mouthing of the text-books of that trade or profession. This world, my masters, is a very mad one, to be sure; but it likes to have people in command who are in touch with its own whimsicalities and lapses from the exact plumb-line of mental, moral, and physical recti-

tude. 'Tis the one touch of the elbows which makes the world our brother. The one drop of rich, red, warm blood that, forgetful of its wrong, empties its canteen into the parching throat of its suffering enemy. When we become so goody good that we sit in judgment of each other, when we can make no allowance for difference in taste unless the robe is fastened after our own sweet pattern, then we have ceased to be worthy of mingling longer with the mad world, and deserve no better fate than to be thrust out into preacherhood, or Munyonism.

* *

THERE may be an excess of virtue. There may be too much truth. There may be too much knowledge; not wisdom, mark you—for wisdom more often enwraps itself in homely garb and poor grammar, and comes up from the lonely cabin or smithy-forge a Lincoln or a Collyer—but of knowledge, that knowledge which so many of our two-by-four examining boards and colleges deem the prime essential, the chief aim and end of a professional man's career. So many, many text-books are piled on the head of the poor four-year coursed [cursed?] student that ultimately he must take out his brains to make room for the lore. Indeed it will be a long, cold day before the present modes of examining applicant professional men for permission [in a FREE and enlightened country] to practice medicine or any other of the arts or sciences in a given political district, will be any surety that that applicant, having so passed the rhadamantine tribunal, is fit for anything above or beyond preacherhood or patent medicine vendarship.

* *

WHENEVER a State board rejects a known and experienced medical man, one who would be of honor to any community, who would pay his bills and taxes and help keep down the average rate of mortality in that State—when he is turned down because he lacks in some of the minor and non-essential details of his profession, then that State board ought to be held up by the scruff of its neck to public derision and the palpable fraud brought home to the sitting, or next following legislature for comment and possible correction. Both of these medical men hereinbefore mentioned were examination-proof; both could easily have passed any examination board of the world. And that is about all they were good for; and all they could have done, for neither of them was ever able to earn his salt as a physician. Both of them have been on the move from place to place. One of them naturally drifted into the realm of speculation—nay, come to think of it more calmly, both have done this, each, however, with a different view in futuro; the one now dabbles in psychical speculation, impractical and impalpable things, while

the other plies his recondite knowledge to the disposing of Munyon's IMPROVED Homeopathic Remedies at so many times thirty pieces of silver per month! Well! well!!! well!!!

Materia Medica Miscellany.

Conducted by A. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Phaseolus, A NEW HEART REMEDY.—The phaseolus nana, or common white bean, is introduced as of probable value in cardiac disease with dropsy by Dr. A. M. Cushing.¹⁷ He developed heart symptoms in his own proving, and has cured several cases of weak and irregular heart with the remedy. One case is that of a lady physician, aged thirty, married, no children, who has never been sick except with childhood diseases. Two years ago had considerable mental trouble and rode a bicycle a good deal. Since that time, two years ago, five times each minute, or about that, her heart would give one hard unpleasant throb, then omit one beat, this in the day time, but much worse at night, preventing sleep. Being in something of a hurry, I did not examine the heart, thinking there would be a plenty of time later, but gave her phaseolus, the 10th I think. Thirty-six hours later the heart would beat one hundred consecutive times without the slightest variation and it continued to improve, although after taking the medicine thirty-six hours she was obliged to desist on account of a severe headache. She is never subject to headaches, but it was so bad she dared not take any more of the medicine. It was as if something was pressing hard against each temple, much worse soon after taking each dose of the medicine.

Bromides, POISONOUS EFFECTS OF.—Dr. S. Weir Mitchell¹⁸ read a paper on this subject, in the course of which he said that it has long been recognized that the bromides may increase the unpleasant after-effects of epileptic fits, especially the irritability of temper. This will in some cases be accompanied by ptosis and feebleness of the limbs, not rarely more marked upon one side than upon the other—just like some drunkards who can recognize that they are

distinctly "drunker in one leg than in the other"—feebleness and dullness so marked at times as to amount to partial imbecility. This was the condition in a girl of seventeen, whose father, an apothecary, on the principle, "if a little helps, much will cure," had been giving her 150 grains of potassium bromide a day. The fits stopped, the child nearly did the same, lying for days in a state of imbecile collapse, but recovered rapidly when the drug was stopped. In two children, to each of whom 100 grains of lithium bromide was given by mistake, a similar though milder condition developed. There were curious disturbances of memory, and they were quite unable to walk, the left leg being worse than the right. In many cases the author had seen melancholia and mental depression, even to suicide, produced by the continued use of bromides.

Homatropine AS A CYCLOPLEGIC.—Hansell²⁸ says the single superiority claimed for homatropine over other mydriatics is the speedy subsidence of the paralysis of accommodation after its use. Points of inferiority are its cost, and the number of instillations necessary and the conjunctivitis frequently produced. Homatropine cannot be relied on to completely paralyze accommodation in young individuals.

Petroleum IN TRACHOMA.—Dr. John H. Payne¹⁹ reports the verification of a symptom of petroleum, a sensation on the skin of the face and lids of dryness and constriction as though covered with a thin layer of albumen. The patient, aged forty-five, had chronic recurrent iritis and ectropium from trachoma. She suffered great distress each night from dull, heavy pains in her eyes, which appeared very much flushed in the ciliary region, with the characteristic pink zone around the edge of the cornea, a symptom so indicative of iritis, and with contracted and inactive pupils and photophobia. Her lower lids were completely everted, so that the lining mucous membrane was much exposed. This was of a dull, dead, pale pink color, and covered with transparent elevations the size of an ordinary pin head, and almost bloodless in appearance. The cheek beneath appeared glazed and contracted. There was no discharge from the eyes, except an occasional lachrymation from the pain of the iritis. Ques-

tioning could elicit no history of importance, except that she had had the symptoms of iritis off and on for many months, and the eversion of the lids for a much longer period, and had adopted various methods of treatment without benefit. The only definite subjective symptom on which to base a homeopathic prescription was this one that I have referred to, namely, a sensation of dryness of the skin, as though glazed by a thin layer of albumen. Petroleum was prescribed with the result of a complete and rapid subsidence of the symptoms, a disappearance of the pain and of the flushing of the iris, and a restoration of the lids to their normal position and appearance, and simultaneously a subsidence of the guiding symptom that I have referred to on which the prescription was based. I have heard from the patient several months later, and have learned that she still continued well.

Strong Coffee, TOXIC EFFECTS OF.—J. T. Rugh,³⁰ relates a case in which profound toxic effects from the drinking of large quantities of strong coffee were observed, a number of symptoms being those of beginning "mania à potu." The patient's pulse was 96 and full, but weak; his respirations shallow and numbering 24 to the minute. The pupils were normal, the tongue slightly coated, the bowels regular; the skin moist, but not flushed; and his expression was agitated with the fear of some impending danger. His muscles were in such a state of tension that upon the slightest movement of arms or legs clonic spasms occurred, though none was present when he lay perfectly relaxed, which, however, his exceedingly nervous condition would not allow him to do. If he tried to sleep, he would be seized with hallucinations just before losing consciousness, imagining that disasters were about to overtake him and seeing all kinds and shapes of images and objects. Then he would start up with fright and find himself in the greatest nervous excitement. When he stood up, he could close his eyes or look at the ceiling without wavering. His knee-jerks were slightly exaggerated, but sensation was perfect.

The diagnosis of coffee intoxication was based upon the history of excessive coffee-drinking for three weeks, the absence of liquor-drinking in quantities sufficient to produce constitutional effects, the nervous symptoms (spasms of muscles,

hallucinations, and extreme excitability), and the absence of an attack simulating petit mal in any way.

Geranium Maculatum IN HEMOPTYSIS.—Dr. C. J. Wendt¹⁷ says this drug has lately been given extended clinical trial in the Metropolitan Hospital for pulmonary hemorrhage.

It has been customary to prescribe this drug in from two- to five-drop doses of the tincture, repeated every two hours, upon the first signs of blood in the sputum, and the results have been uniformly good. A few doses generally suffice to stop the flow, and only in cases of long standing has it been found necessary to continue the treatment over any length of time. In such cases, the influence of the drug manifests itself by a change in the character of the expectorated blood, which becomes darker, clotted, and much less in quantity. As many as fifty cases have been so treated in the last two months, and in only one case has it failed to control the bleeding, this being a case of four months' standing, and under the action of the remedy it is slowly improving. Not only in phthisis is the drug of value, but the same result has been obtained in cases of bronchitis and passive congestion.

Myristica Sebifera IN SCROFULOUS OSTEITIS.²⁶—Having regard to the experience reported from Dr. Chargé as to the use of myristica sebifera in whitlow, Dr. Olive y Gros of Barcelona has essayed the drug in scrofulous osteitis and ulceration, and in phlegmonous erysipelas. He obtained a relative success in the two former maladies, an absolute one in the latter.

Natrum Muriaticum IN CATARRH.—Dr. P. C. Majumdar¹⁸ details a case of catarrh which recurred annually at the rainy season until the sense of smell was almost lost.

"The catarrh was of an excoriating nature, alæ-nasi and the neighboring parts were sore and raw by the constant outpouring of mucus from the nose. The nature of the discharge was thin, watery mucus. There was a good deal of itching in the nose and constant rubbing would give him a temporary relief. The nose was sometimes stopped. Sneezing was constant at night in bed and when undressing. He often complained of his nostril swollen and indurated.

"Several homeopathic remedies were tried by

an amateur homeopathic practitioner to no permanent effect. Allopathic and Kabiraji medicines were of no avail.

"I gave him natrum mur. 30th, one dose twice a week. His troubles were at an end after taking the medicine for two weeks. I stopped natrum mur. for the season. The next year in the beginning of rains he came and asked me for the medicine, as it is about the time he is to take cold.

"I gave him a few powders of S. L. to be taken as before. He was free from catarrh this season and the whole of the winter.

"It is a matter of rejoicing that my patient regained the sense of smell to its fullest extent."

Sulphur in Eruptions.—Dr. Oscar Hansen.²⁴—A. P., lady teacher, twenty-one years old, Als per Hadsund.

The disease has now, at the beginning of the treatment, the 4th of May, 1890, lasted one year, and has been treated by a doctor without any improvement. Eruptions appear spread on the chest, back, and neck, consisting of papulæ (protuberances), in many places spotted with blood from scratching. When the eruption disappears it leaves brown spots. The eruption is attended with great itching, while it peels but little, and that only in very fine scales. The itching is worst in the evening when she has gone to bed, and the scratching of the eruption alleviates it. Menses very scanty. The stool hard and tough, frequently covered with slime and a little dark-colored blood. Palpitations of the heart and languor. The patient has formerly had chlorosis and the mucous membranes are somewhat pale. By using sulphur 2 dil., 5 drops three times daily, together with an ointment consisting of sulphur sublimate, grams 5, and axungia porci lota (refined lard), grams 50, for external use, to be applied every evening, she had perfectly recovered the 10th of June some year.

Bacillinum IN "NASO-PHARYNGEAL CATARRH."—Dr. D. H. Bonham.⁴—December 19. Mrs. Brand, age thirty-seven. Pulse 85. Temperature 100°. Respiration 24. Tongue coated yellow on the base. I gave her bac. There was profuse flow of crusts from throat in four or five days that had been coughed up with great difficulty for fifteen years. "Just thought I would spit my throat out." Gave

another dose the 27th. Continued medicine until first of February, then patient returned and related that she was well, but as she was in town stopped to see if she must still continue the little pills (which were saturated with the 30th). I told the patient she could stop the use; if it returned to come in as soon as she perceived that it was manifesting itself again. Now this had been treated by our allopathic friends for fifteen years almost continually. Their diagnosis was naso-pharyngeal catarrh. Suffice it to say she was radically cured by bac. 30^x.

Sarsaparilla FOR GONORRHEAL RHEUMATISM.²²—This medicine has been praised in the past (given in highish potency) for gonorrheal rheumatism, but has been lost sight of recently. Dr. Nimier speaks of a case in which the 12th dilution was promptly effective.

Senecio.²³—A chlorotic girl, aged eighteen, had seen no menses for fifteen months. She has a dry teasing cough, the pulse is quick, every excitement makes it beat 100 and more in the minute. At the same time headache, sleeps badly, constipation; the abdomen during the last year has gradually increased in size. After a six months' treatment without benefit, a colleague in consultation recommended tapping. The abdomen was now so distended that it resembled that of a woman at the end of pregnancy. Senecio was given in the 1st dec. dilution. Improvement now set in in all directions. There was a great flow of urine, and the menses reappeared, and she got quite well.

A girl, aged twenty-one, had been treated by two allopathic physicians without benefit. She was pale and anæmic; the abdomen was as large as at the end of pregnancy; she lost daily flesh and strength and could hardly sit up; urine scanty, at last quite suppressed. Senecio 1x soon cured her.

Senega.—This drug has hardly been recognized as a remedy for pleurisy; but in a report from the Hôpital St. Jacques, Dr. Nimier relates two cases in which it promptly dispelled the effusion when cantharis and hepar had proved ineffectual. He gave the 12th dil.

Periploca IN CARDIAC AFFECTIONS.²²—A new "cardiac tonic" seems to have been found in the periploca græca, one of the asclepiades met with on the shores of the Mediterranean and

the Euxine. Besides its action on the circulation, it has a powerful one on the respiratory center, accelerating respiration in a ratio altogether disproportionate to the pulse. Its glucoside, periplocin, appears to have all the virtues of the extract of the whole plant.

Hydrastis FOR ADHERENT PLACENTA.—Dr. Weiss.²⁴—A woman, aged thirty-one, had had six children, all except the first confinement being attended with adherent placenta. For the last three confinements, she got from the fourth month three drops, daily, of hydrastis 3x, and there was no adhesion of the placenta. Four other cases of habitual adherent placenta were successfully treated in the same way.

Jaborandi.²⁵—In January, 1895, I treated the schoolmaster E., of Bockingen, for severe articular rheumatism. The affection was attended by profuse malodorous sweats and nocturnal aggravations, for which I gave mercurius sol. 12th. The rheumatism soon went off, but the profuse sweats continued and became so excessive that he had to change his nightshirt three or four times during the night. I now prescribed sambucus and other medicines and frequent washing of the skin, but all without avail. This state of things continued for weeks. I now gave jaborandi 4th trit. This medicine acted quickly and beneficially. After the first few doses the sweats ceased entirely, and the patient made a rapid recovery.

Chelidonium.—Dr. Amberg.²⁶—M. D., seamstress, aged thirty, consulted me on October 18, 1891. She was very thin, her skin dirty yellow, weak, faint, and low-spirited. She said that for five weeks she had suffered from spasms in the stomach, with vomiting of almost all her food, violent pains in the hepatic region, palpitation that often drove her out of bed and compelled her to walk about at night. No appetite, tongue covered with gray coating, obstinate constipation. Examination showed nothing abnormal in the heart, and no enlargement of liver; all other organs and functions normal. Her complexion led me to diagnose a liver affection, with probably gall-stone colic. I prescribed chelidonium 6 every three hours, with enemata if the constipation occurred. October 25, she reported amelioration of all the symptoms, she had a fresh and healthy complexion, and her spirits had

returned. The same medicine was continued three times a day, and this soon cured her completely.

Mrs. Ant. Risse, aged twenty-eight, was delivered of her fourth child at Christmas, 1889, but soon afterward there occurred every few days attacks of the most violent pains in gastric and hepatic regions, lasting several hours, with vomiting, and several times followed by slight transient jaundice, whereby the patient was much reduced in strength. The physician in attendance attributed the attacks to gall-stones, but morphia and other narcotics failed to give relief. On May 24, when I was first consulted, I prescribed *chelidonium* 6x every three hours, and appropriate diet. I directed that after the next attack the *faeces* should be carefully examined for gall-stones. When next seen (August 3) I was told that no more attacks had occurred, and after this she remained permanently cured.

Syphilinum IN CANCEROUS ULCERATION.—Dr. H. C. Morrow.—In May, 1894, Dr. B., age seventy years, consulted me. Has had for seven or eight years a number of sores on his face, which have been pronounced by several allopathic dermatologists to be cancerous in their nature. They came first as raw places on the face, and then covered with perfectly black scabs, which either do not come off or, if they do, leave raw sore places, which will not heal, but become again covered with the black scabs. Under each eye, and especially at the outer canthus of the right eye, the spots or sores look decidedly like epithelioma. The one under the corner of the right eye is threatening to involve the lower lid and the internal structure of the eye. On this eye, a few years since, there was an ulcer on the cornea, which nearly destroyed the sight. He can only distinguish daylight from darkness.

The conjunctiva of this eye is very red and inflamed, and there is ectropion of the lower lid. He is in bad health, and drinks a good deal of whisky. He had been treated by himself and all the "eminent" dermatologists and general practitioners in this part of the country and in New Orleans, and they had given the comforting assurance "that he might live several years, but that it would finally kill him." I put him on

syphilinum cm. (Swan). To make a long story short, he has gradually improved with occasional relapses, until to-day he appears to be entirely well. He says for the first time in ten years there are no sores or scabs on his face. Where the worst ones were there are now cicatrices, but they look perfectly healthy and are gradually becoming smaller. The inflammation is entirely gone from his right eye, the ectropion is nearly removed, and he can see small objects six feet distant with his lame eye.

Stramonium IN MIND SYMPTOMS.—Extraordinary mental excitement; sudden and kaleidoscopic changes in the mental state; at times merry and enjoying himself by singing and dancing; at times proud, haughty, and intolerant of those around him; at times full of rage, trying to strike with great vigor those within his reach; and, again, dullness of the senses with stupid indifference to everything about him. Hope and fear, jollity and rage, frenzy and apathy follow each other in rapid succession, under *stramonium*; the passions and the mental manifestations become strangely jumbled and mixed in their exhibition, under the influence of this stimulating drug. The *stramonium* patient desires light and company, and, at the same time, is often terrified by bright objects, and seeks to fight those whom he constantly wishes to have in his presence. The *stramonium* patient has hallucinations of sight in which horrible images are conjured up, and horrible animals are seen jumping out of the ground and running at the victim.

Aurum.—Dr. Amberg.—An interesting lecture on this drug by Dr. Heber Smith is given in the *Medical Era* for September. He is doubtful if any advantage is to be gained by going above the 3x trit.; and accounts the alcoholic dilutions quite inert. He thinks the melancholia curable by *aurum* to be one not primarily cerebral, but consecutive on syphilis or some chronic affection of the sexual organs. He finds the drug of much value in neurasthenia having insomnia as a prominent feature. Its neuralgia is nocturnal, and is relieved by rapid and constant walking to and fro.

The wife of an artisan, aged twenty-nine, had been married five years, but had never been pregnant. She came to me April 27, 1890. The

menses appeared regularly, were very profuse, and the day before they came on, and the next day, she had violent pains in abdomen and back. Examination showed the uterus anteflexed, the portio vaginalis enlarged, the orificium uteri broad. I prescribed aurum muriat. natr. 3x trit., three times a day. June 13.—The menses had occurred very profusely. In addition to the above medicine she got hamamelis 3x, a drop three times a day, but during the menstrual flux every two hours until the cessation of the menses. August 20.—After the above prescription had been followed for seven weeks the menses ceased, and for the last three weeks she had nausea, vomiting, and some abdominal pains and slight constipation, owing to pregnancy having occurred. Nux vom. 6x removed these symptoms, and the pregnancy went on to its normal termination.

Lachesis.²—A woman, aged twenty-eight, mother of two children (youngest one year), has suffered for three years from very severe pain in the middle of the back, which she thought was rheumatic, though she had never suffered from rheumatism. The pain is augmented by movement and by walking; she cannot lie on her back, as that increases the pain. For a year past she has been subject to severe bilious headaches in the form of weight or pressure on the crown, accompanied by dimness of vision. These headaches alternate with the backache. She wakes in the morning with the pain. She feels as though the clothes about her neck were too tight, consequently has left off wearing the brooch that fastened her dress. One dose of lachesis in a high dilution removed all these symptoms in a week, and she regained her youthful vigor.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 66.)

COLIC : flatulent. 1. *carb-v., cham., chin., cocc., lyc., nux-v., puls., sulph., verat.* 2. *aloe., alum., arn., asaf., bell., colch., coloc., dios., ferr., gels., graph., ign., nat-c., nat-m., nat-s., nit-ac., nux-m., phos., zinc.*

Pr. anger : *cham., coloc., sulph.*

breakfast : *ascl-t.*

cold, a : *dulc., merc., nit-ac., puls., verat.*

drinking : *sulph.*

eating : *graph., nux-m., nux-v., puls.,*

*sulph.—*immediately after :* *chin.,*

dios., graph., nat-c., nux-m.

exhausting illness : *chin.*

vital fluids, loss of : *chin.*

meals : *dios., nux-v. (v. eating).*

stool : *am-c., puls.*

supper : *bryo, puls.*

vexation : *coloc. (v. anger).*

weakness : *chin.*

alternating with pain in chest : *ran-b.*

Q1. ceasing after vomiting : *puls.*

circumscribed :—*epigastrium :

carb-v. (L. S.), cham., chin., cocc., lyc.,

*nux-v., puls., verat.—*hypogastrium :*

acon., bell., bryo., canth., carb-v., lyc.,

*nux-v., phos., sil.—*right iliac region :*

*cocc.—*ileo-cæcal region :* *nit-ac.—*

**pubic region :* *bell., caul., cham.,*

nux-v., about bladder : *carb-v.—*sides :*

*carb-v., cocc., coloc., sulph.—*R. S. ; aloe., lyc.—*L. S. ; carb-v.*

(up) ; coloc., sulph.—umbilical re-

gion : aloe (before diarrhea), ars., bell.,

bryo., cham., chin., coloc., cocc., ipec., lyc.,

nux-m., nux-v., puls., stann., verat.,

zinc. ; below navel : *graph.*

compelling :—*to bend double :

acon., aloe., bell., caust., coloc., grat.,

*iris., rheum., rhus., sabad.—*lying*

down : *nux-v., tart-e., on abd. : aloe.—*

**move about :* *mosch.—*walk bent :*

coloc., puls., rhus.

diffused—*to anus : *graph.—*to*

back and chest : *caust., dios.—*to*

bladder : *lyc.—*to groins :* *graph.—*

**to navel :* *coloc.—*to sides : from*

R. to L. iliac-fossa : thence to

rectum : sang.—from L. to R : ipec.

dry : coloc.

dysenteric : *led.*

intermittent : *about navel : sang.*

periodical : *bell., ign., gels., lac-c.,*

nux-v., sulph. ; with diarrhea : gels.—

**before breakfast : nux-v.—*daily :*

*arn., nat-m.—*every morning, with*

*mucous bloody stool : podol.—*each*

afternoon, at a certain hour : chin.—
*every evening : coloc., led.—*re-
turning at night : chin.

radiating : dios., graph.—*to back
and chest, a. m. : caust.—*to back,
chest, and arms : dios.—*from the
navel : coloc.

spasmodic : cocc., coloc., nux-v.
(bell).

suddenly appearing and suddenly
disappearing : bell., dios.

threatening, with rumbling : nux-m.
wandering : gels., puls.—*now here
and there : bell.—*from place to
place : dios., nat-c., puls., sil.

violent : anis., coloc., nux-v., plumb.,
puls.

Sm. as if abd. would burst : coffea—and
presses fists in sides : hyosc. as if
diarrhea would occur, but only a
normal stool results : puls., abd. like a
drum : cham., carb-v.

like dysentery : arn.

as if everything would fall out of
the abdomen, when walking : ascl-t.

as if grasped with hands : ipec.

as if a hernia would occur : phos.

as if the intestines were being
squeezed between stones : coloc.—
*were torn : graph.—*were twisted in
a knot, with cold sweat : verat.

as if knives were cutting : coloc.,
merc., verat.

as if pressed by stones, after stool :
nux-v.; on the bladder, causing mic-
turation : nat-phos.

as if seized with the nails : bell.,
cocc., coloc., lyc., puls.

as if the parts were sore : ars., asaf.,
bell., ign., nux-v., phos.

Md. drinking : nux-v.

lying : phos.

moving : arn., ipec.

urinating : eup-purp.

walking : graph., lyc., nit-ac.—*bent :
puls., rhus.—*after dinner : asaf.

Cn. abdominal plethora : aloe., nux-v.,
sulph.

abdominal pulsation : asaf.

anguish : cocc.

anxiety : acon., ars., tabac.—and
fear : acon., ars., verat.

burning : acon., *canth.*, caps., ran-b.,
verat.

bloated abd : aloe., chin., coloc., lyc.
nux-m., verat.

chilliness : coloc., merc., phos., puls.

cold feeling in abd. : ambr., colch.,
grat., petr., phos., verat.

cold sweat : coloc., tabac., verat.

coldness, general : ars., bov., coloc.,
meph., nux-v., verat.

constipation : bell., cocc., merc.,
nux-v., plumb., sil., sulph.

cutting : cham., coloc., dios., lyc., merc.,
nux-v., petr., rheum., verat.

constriction : bell., cham., chin., coloc.,
nux-v., podo., sulph.

diarrhea : aloe., ambr., am-c., bryo.,
coloc., gels., ipec., *jalap.*, petr., phos., puls.,
verat., zinc.—offensive : asaf.—spurt-
ing, windy : aloe.

eructations : bell., bryo., dios., grat.,
k-carb., nux-v., rhodo.

fermentation : angus., chin., lyc.,
nux-v., phos.

flatus : — *incarcerated : chin.,
graph., lyc.; nat-s. R. S.; nit-ac. upper
abd.; nux-m., phos.; sulph. L. S.—

*oppressive in upper abd. and hy-
pochondria : puls.—*passing in
large quantities : aloe., carb-v., dios.,
lyc.; with relief : aloe., asaf., carb-v.,
coloc., nat-m., verat.; without relief :

cocc., zinc.—*scanty, without relief :
cham.—*shifting : ant-t., nat-c., puls.,
sil., tabac.

griping : aloe., am-c., bell., coloc., dios.,
elat., ipec., stann., sulph.—across lower
abd. : aloe.—in epigastrium : puls.

gurgling : aloe., *cro-t.*, *jatr.*, lyc.,
nat-m., puls., verat.—in left hypo-
chondrium : cocc., lyc.

heat in abd. : dios.—general : ars.,
carb-v., coloc.

hemorrhoids : aloe., nux-v., sulph.—
suppression of flow : ars., nux-v.,
sulph.

menses, suppression of : puls.

nausea : am-c., arn., chel., chin., cocc.,

grat., *ipee.*, nat-m., nux-m., nux-v.,
rheum., sulph., tabac.—and vomiting :
dig., puls., verat.

nervousness : cocc.

pressure — *on bladder, causing
micturition : nat-pl. — *upward, caus-
ing dyspnea : nux-v. — *downward,
causing urging to stool and urination :
nux-v. — *upon rectum and bladder :
opi. — *toward hypochondria : chin.
*evening : zinc.

pinching : alum., bell., canth., *chin.*,
coloc., grat., ign., *ipee.*, lyc., merc.,
nat-m., *nit-ac.*, nux-v., petr., plumb.,
ran-b., staph., tabac., verat.—in hypo-
gastrium : carb-v.

rumbling : *dios.*, ferr., gels., graph.,
ign., *lyc.*, nux-m., phos., verat., zinc.

restlessness : ars., bell., *coloc.*, puls.

spasmodic closure of anus : nux-v.,
opi.

stools : watery, bilious : *colch.*, *dios.*,
gels. (v. *diarrhea*).

stinging, lancinating : bryo., cham.,
lyc., nux-v., phos., sulph.

tension : carb-v., *chin.*, cocc., lyc., nux-v.,
puls., verat.

torpor of liver : aloe., lyc., nux-v.,
sang., sulph.

twisting and digging : ars., bell.,
cham., *coloc.*, lyc., nux-v., verat.

(To be consulted.)

"SIMILIA SIMILIBUS CURANTUR"—IS OUR FORMULA CORRECT?

By H. GRAY GLOVER, M. D.

UNDER the influence of the rays which radiate from the sun of enlightenment, and which is becoming more potent with the passing of the years, the mist-befogged mental atmosphere is becoming clearer, and hitherto unknown peaks in the domain of thought are constantly coming into view to attract our attention and invite our inspection. Particularly does this seem to be true in these latter years of the nineteenth century.

Down through the past ages the power of mind over matter—so-called—has been dimly suspected and tentatively hinted at. To-day that

power is being boldly declared in assertion so sweeping and all-inclusive as to command either our wondering and serious attention, or to excite the pooh! pooh! of ridicule and incredulity. But humanity at large is being rapidly and effectively cured of the pooh! pooh! habit. It is learning to prove all things seriously and respectfully, and to hold fast that which is good. And so to-day we find many of the best intellects trying to fathom the depths of the power of thought and to measure the scope of its force.

Out of the apparent heterogeneity of speculations, philosophies, conclusions, and expressions bearing on the subject, which have been scattered along the pathway of time, there is being rapidly wrought out in these later years a clearer concept of the forces which work in and through us—of man's relation to his fellow creatures and to his God, so-called.

Much that we have been dimly conscious of through personal experience is being clearly formulated. The power of language, used in a masterly fashion and enlisting the forces of reason, logic, analogy, and precedent, is beginning to stir the more average intellect, and to awaken it to a sharper consciousness of the true nature of the forces that sway us, and which we have hitherto somewhat blindly and feebly attempted to control and wield.

That this physical body is greatly influenced by the action of thought or mind cannot be doubted or gainsaid by any thinking intelligence. The medical profession has for years recognized the power of thought as a factor—often a powerful one—in the disorders of this physical machine. This gradually became so apparent that it began to be surmised that the same forces which wrought evil could be made potent for good, if rightly directed or utilized. All great forces have a duality of power. Little by little we were shown that the will, which had been regarded as a sort of moral governor when rightly used, acting under the monitor Conscience, could be made to do duty in overcoming many of the ills which affect us.

Out of this arose or grew the mental science school or cult.

During the past decade this school has made steady progress, reinforced by much that naturally finds a place with it on its more spiritual

side, until to-day it stands as the vanguard of a host, the thunder of whose tread will shake from their insecure foundations the thrones of orthodoxy, and make creeds crumble.

The best literature of this cult, both in its religious and therapeutic aspects, teems with the reasonable and the logical.

It voices the uncrystallized but instinctive thought of thousands. It reveals the Scriptures in a new and beautiful light, and makes God—so-called—comprehensible and reasonable to him who will think.

After this somewhat lengthy preface or introduction, we are brought to the consideration of our text: Is our formula correct?

How does the potentized remedy act? There have been many theories. That it *does* act, when properly selected, there can be no question. In its selection, the mental symptoms play an important part, hold a leading place, if they can be elicited.

Why is it that these symptoms *are* so important? I would say that it is because they point directly to the fundamental cause of disease—which means out-of-ease.

This cause which makes us out of ease has its origin in the fact that the universal thought or mind force, life force, life principle, anima mundi, which finds expression through us, is hindered, obstructed, interfered with. Now this hindrance, obstruction, interference, may be from *without* or from *within*. It may lie in the imagination, in the mode of living, in the diet, in the unsanitary surroundings, in the immediate mental atmosphere; in fact, in any of the known or unknown so-called causes of disease. They unquestionably *are* indirect causes. Either through the very evident or very insidious and intangible action of some one of these causes—or a combination of them, more likely the latter—the thought power, or force, or energy is dammed up, or diverted from its legitimate channels of expression.

Now there are two ways of proceeding to change the current of a stream. One is to begin the new channel at a point remote from the stream and work toward it: this would be the easier and better way, doubtless, in the physical world. The other way is to begin at the stream itself, and work in the direction desired.

In the thought world, *this* is the better way, because we want to enlist the thought force to aid us in overcoming the obstacles in the way. This latter is the correct way to begin. We can each of us, to *some* extent at least, control our thought, can we not? Yes, but you say a sick man is less able to do this than a well one. Very true, he must have help.

The will is one of the *highest* attributes of the human mind. Some people are said to have strong wills. This is because such people have been in the habit of allowing this particular attribute of the mind free play, or because in them it finds free and easy expression. Such a person becomes ill from some of the indirect causes enumerated. The strong will alone, no matter if he knows nothing of other high and potent forces of the mind, or of the laws governing their use, will go far toward bringing about a speedy recovery. This we all know. Another person becomes ill. He has a weak will—and weak wills are by far the most common. He immediately goes to pieces, so to speak. He despairs of recovery or cure. Becomes weak, fearful, vacillating, and uncertain. Tries first one thing and then another. The forces of the mind are nil in such a person. He knows nothing of how to utilize them. At best, they are too weak to accomplish anything.

How can they be reinforced and made effective. In two ways, both efficient, and both safe. The mental scientist will teach such a mind how to utilize its forces, and will supplement those forces with his own thought power. The homeopathist will reinforce the weak mind quality with the properly selected, potentized remedy. We ask again, How does this potentized drug reinforce the powers that make for health?

The following is our answer:

There can be no doubt that the mineral, vegetable, and animal kingdoms are acted upon by, and give expression to, the one infinite and all-pervading mind. Each and every mineral and vegetable, as well as each and every animal, is the individualized expression of that great force commonly called God. Each and every mineral and vegetable has properties which mark its individuality. These individualities find their *highest* expression in acting on the *healthy* human economy. This we call, in our phraseology, a

drug-proving. It assigns to the drug (mineral, vegetable, or animal, for there are animal drugs) its proper place in relation to unhealthy, diseased, or disharmonized humanity. By some mysterious law—and law is ever mysterious—of correspondence, or analogy, or relation, or what not, the drug whose *highest* individuality, known through its action on the *healthy* human economy, which comes into closest similarity to the expression of diseased or disordered individuality as manifested in the human economy, such drug will invariably exert a curative or beneficial action. Now we must go back again, and ask, *How* does it do this? This is the question which has puzzled the homeopathic profession from Hahnemann's time to the present. This is the question, the answer to which, after many necessary digressions, we advance.

We have said that every drug, mineral, vegetable, or animal, is an embodiment of the infinite mind. We have shown how that embodiment finds its highest expression. We have also shown how, guided by that expression, we can select *the* drug which will lend greatest aid in restoring diseased or disordered humanity to health.

How does it do it?

If every drug is an embodiment of the infinite mind, it *is* infinite mind. Why may we not suppose, then, that the force of the infinite mind embodied in the drug unites itself with the infinite mind, the higher mind, the will, in humanity, to drive out, or overcome, or displace the diseased or disordered or disharmonized expression?

If this is true, our formula, instead of reading *Similia similibus curantur*, should read *Contraria contrariis curantur*.

PERNICIOUS ANÆMIA.

By F. S. ARNOLD, M. D.

ON March 18, 1895, J. H., aged sixty-three, consulted me with reference to a condition of progressive debility, accompanied by breathlessness and a peculiar pallor. He first noticed a distinct failure of walking power a few weeks before Christmas, 1894, though for quite twelve months past he had been below his usual standard of health. Condition when first seen by me, as

follows: He suffers much from weakness and breathlessness. His complexion is of a bright lemon-yellow color. Lips and palpebral conjunctivæ extremely pallid. Ocular conjunctivæ pearly in appearance. Is extremely thin, but, in his own and his wife's opinion, not more so than usual. Has never had much flesh on his bones. Has no severe pain of any kind. Examination of the abdomen shows slight epigastric tenderness, but nothing in the nature of a tumor can be made out. Some œdema about the ankles. Appetite poor. Bowels constipated. Urine high colored, sp. gr. 1020, contains a trace of albumin. On standing it deposits a considerable quantity of reddish-brown flocculent matter, which under the microscope appears entirely amorphous. A specimen of blood was obtained with some little difficulty, and examined under the microscope. Its appearance was most striking. A very large proportion of the red corpuscles were markedly distorted in shape (poikilocytosis). Oval, pear-shaped, balloon-shaped, and flask-shaped corpuscles were extremely numerous. Some megalocytes and microcytes were present. Careful and prolonged examination showed most distinct and active movement on the part of the more distorted corpuscles. So far as I am aware this phenomenon has been alluded to before only by Dr. C. H. Blackley, in his paper on "Pernicious Anæmia," published in 1879. Dr. Blackley describes the movements observed by him as amœboid in character. In this case the movements did not seem to me exactly amœboid. They were of a rapid, jerking, and wriggling character, and were practically confined to the narrow process in the more distorted corpuscles. One flask-shaped corpuscle was watched carefully for about twenty minutes, and during that time it slowly worked its way by rapid wriggling movements of the neck of the flask, between two other corpuscles, approaching them on one side, passing between them, and emerging on the other side. There was no protrusion of pseudopodia, and no change of shape on the part of the moving corpuscles, and their movements suggested nothing so much as the invasion of the corpuscle by a micro-organism. The patient had been under medical treatment (allopathic) for some time, and had been taking iron regularly without the slightest benefit. I

made a diagnosis of pernicious anæmia, and put the patient on arsen. alb. 3x gtt. iij ter in die.

March 25, 1895. Not much change. Says he feels a little better and stronger. The condition of the blood as regards poikilocytosis about the same. Ordered arsen. alb. 3x gtt. v ter.

April 5. Appetite better. Thinks he is gaining strength. Not much improvement in the blood as regards the appearance of the corpuscles. Ordered arsen. alb. 1, gtt. ij ter post cib.

April 16. Distinctly better. Walking power much improved. Considerable improvement in the appearance of the blood. Rep. arsen. 1, gtt. ij ter.

April 30. Feels "wonderfully better and stronger." Blood much improved. There are still, however, a good many misshapen corpuscles. Arsen. as before.

May 28. Very much better, able to walk two miles without excessive fatigue. Ran a short distance to-day to catch a train, a performance which I discouraged. Lips, ears, and conjunctivæ well colored. Still a good many distorted corpuscles, but very few of the more extreme forms of distortion. Rep. arsen.

June 20. Has been away for three weeks into the country. Seems to all intents and purposes well. Has frequently walked ten miles in the day during his holiday. Appetite very good. Condition of blood shows very marked improvement. Distorted corpuscles have to be carefully searched for. The great majority are perfectly normal in appearance.

November 11, 1896. The patient has remained well up to the present, has an excellent color, and is in much more robust health than he has been for years. This is a fairly typical case of pernicious anæmia. The chief points of interest are the curious movements noticed in the more distorted red corpuscles, and the steady improvement under a small dose of arsenic. The view maintained by many old-school writers on the subject, that only enormous doses of arsenic are of any use in the treatment of pernicious anæmia, is entirely erroneous. There is, indeed, good reason to believe that the percentage of successes attending the arsenic treatment in the hands of our self-styled "regular" brethren would be considerably higher if a more moderate dosage were adopted, and that we should read of fewer cases of patients left to die because of a supposed "intolerance" of arsenic on their part.

IS THIS BACTERIA?

IN a paper before the Marion Co. Hom. Soc. (Ind.), read by Dr. J. R. Haynes on "Wo bin Ich?" occurs the following (the *Hahnemannian Advocate*):

"Bacteria (which is of a vegetable growth) is the creature of putrescence; it can exist only upon putrescence and decay; you will find it wherever you find putrid and decaying matter, and nowhere else. It is only the effect, and not the cause of disease. Instead of its being injurious to the patient with a putrid disease, it is of a positive benefit; they help to destroy the putrescence by the absorption of a certain portion of the substance upon which they exist and multiply, and by this absorption the remaining portion of this substance becomes insoluble and is thrown off instead of being reabsorbed and taken back into the circulation, poisoning the patient and vitiating the life principle and destruction of the patient. This anyone can easily prove. Take some of the bacteria-loaded discharge, place it in water, and it will not dissolve but sink to the bottom and remain; but place it in a culture media and in a warm place, and as soon as putrescence takes place it will dissolve and in a short time the media will become loaded with bacteria, and you will find not only the species that you planted but many others.

"There is not a well-authenticated case on record that will prove bacteria has been the cause of disease. Thousands of inoculations have been made, which contained a portion of the putrid media, and disturbances have been produced, and has been attributed to the bacteria and no credit has been given to the introduction of the putrid media which was introduced with them into the circulation, and which had become a deadly animal poison, and if the journals tell the truth then the introduction of this substance has been the cause of numerous deaths, and which has been attributed to the innocent little plants called bacteria."

If this be right, then Dr. Haynes has at one fell swoop knocked the props from under a large segment of current medicine. What a revolution it would prove! How it would disturb and destroy the fads of the overbearing bugteriologist! What, bacteria not the cause of disease! And all these beautifully stained specimens which have been found, and transfixed and photographed, by innumerable savants and their servile imitators, have been frauds and deceptions! Oh, Dr. Haynes, do be merciful! Spare, oh, spare the bacteria! We can't, we really can't keep house without them. But if you must

upset the religion we imbibed with our mother's milk, don't leave us without something in lieu thereof ; for, like the old lady, "if you take from me Total Depravity you take from me all the comforts of religion." If you must take bacteria, give us some other tom-fool craze to while away the tedium. Next thing we know someone will deny the value of vaccination, or of antitoxin injections, or of antiseptics. Dear, dear ! what is this modern vandal age coming to ? Must we really come back to the antediluvian ideas in medicine, and just cure people because they are sick, being governed by the Totality of Symptoms, and not bothering our addled heads with speculations on the origin of such diseases, trusting to the Lord and keeping our powder dry ? This is indeed so sudden !

ADMISSION TO THE BAR.

IS there any law that prevents a student from getting his license to practice law in the Ohio courts, provided he is able to pass an examination, but has been compelled to get his living in other lines while pursuing his law studies ?

There is no such law. Law students must be able to present the certificate of a practicing lawyer certifying that they have faithfully studied the law for at least three years, and they must pass a satisfactory examination. Beyond this there are no conditions.

[That's all it requires. But if it were for "Admission to Practice Medicine" what a rigmarole the answering editor will be obliged to spin ! Is the law so much better than medicine ? Is the medicine so much better paid than law ?]

RUBBER.

ONE of Cleveland's undertaking firms has sent a circular-letter to the local medical profession calling attention to the addition to their other many blandishments of a new invalid wagon and ambulance with rubber tires, soliciting trade because of the greater convenience and comfort of the transported patient. Now, if rubber tires could be also placed upon the rubber-lunged jehu and his rubber-cheeked assistants who drive this rubber-tired invalid wagon

through the crowded streets like a house afire, regardless of life and limb, and who quarrel and fight with other undertakers, like so many yellow cats on a dark night in a back yard, over the possession of an unclaimed body found in a viaduct disaster or one washed up out of the lake, then the rubber tire would have added an appreciable amount to the happiness of the citizens of Cleveland. Or, if these rubber tires could be put on the average hospital corps, from the important and self-conscious house physician who was graduated last spring, and therefore deems himself better able to prescribe for a temporarily incarcerated patient in his said hospital than the family physician of years of experience, to the heavy-footed—*not* Marks' famous rubber foot—the heavy-footed orderly who supervises the slop-pails (flirting and flippant trained nurses not excepted), then perhaps the rubber tire could be safely retired.

CORRESPONDENCE.

Editor AMERICAN HOMEOPATHIST :

There are a great many men in the profession who fall down and worship one preparation or another, simply because it comes from Germany and bears a chemical name containing twenty-six syllables, more or less, and having a formula which contains most of the letters of the alphabet and about a yard long. These facts seem sufficient in the minds of some physicians to warrant extended use of these preparations. Many are not aware that these foreign products are not alone proprietary, they are patented, and no one else is permitted to manufacture the articles, even though calling them by a distinctly different name. These same physicians assume to stand upon a high ethical plane, and will not prescribe an American product, because it is proprietary. They would not mention it in their clinical reports, would not sit in an assemblage of medical men and listen to others make favorable comment regarding it without sneering or else making a protest. We consider such ethics a perfect fake, and it is about time to stamp upon such hypocrisy. We feel that this subject is one which is of interest to American medical practitioners. We feel that Americans have made decided advancements, and that we are not dependent upon Europe so far as progress along chemical and therapeutic lines is concerned. You will remember how the medical profession rushed pell mell to secure some of the famous Koch Lymph. You will also remember the eagerness with which many American physicians

grasped at Brown-Sequard's Elixir of Youth. These two facts illustrate the main point under discussion. We claim that we have made a distinct advance in chemistry in the manufacture of Mercauro. Our claims for it have been substantiated by a trial. It increases both the quantity and the quality of red blood corpuscles more rapidly than any other known agent.

CHAS. ROOME PARMELE Co.,
CHAS. ROOME PARMELE,
President.

Book Reviews.

THE CHRONIC DISEASES, THEIR PECULIAR NATURE AND THEIR HOMEOPATHIC CURE. By SAMUEL HAHNEMANN. Translated from the Second enlarged German Edition of 1835, by Professor Louis H. Tafel, with Annotations by Richard Hughes, M. D. Edited by Pemberton Dudley, M. D. Philadelphia: Boericke & Tafel. 1896.

It has always seemed to us that this title is misleading: for while the work is in some sense a work on therapeutics, or on pathology, it is in the main *materia medica*, with some introductory chapters on the subject of Hahnemann's thought on chronic diseases.

The size of this volume may deter some of the timid ones from either investing in its valueableness or in reading it after purchase. To us this does seem a trifle of a mistake. The other form—in several volumes—subverted the purpose much better; so that the argumentative part could be had in one volume; and the *materia medica* part in other books. But as at present arranged, it must be wholly an office book—but an excellent one. It has three introductory prefaces—if that is the correct word. One by the translator, Professor Louis H. Tafel, not a medical man; another by Dr. Richard Hughes; and a final one by Dr. Pemberton Dudley, each explaining his special work in the preparation of the volume. Of course there are all the other introductory chapters of Hahnemann himself—the original work having appeared in four or five books and each such book having a preface.

Professor Tafel explains in his preface that he varied from the Hempel translation in that he took the exact language of Hahnemann and converted it into English—much as Dr. Conrad Wesselhoeft did with the fifth edition of the *Organon*, varying it only in so far as to make it readable in English. Hempel, as may be recalled, did not do this: he took a sentence, tried to understand it, then put his construction into English. By this unfortunate process he not

infrequently gave the sentence an entirely different meaning from that intended by the author. Indeed this was the chief objection to the Hempelian translation—and has been, we believe, to the other of Hempel's translation; that is to say, too much of Hempel and not enough of Hahnemann. Professor Tafel has done his work in a most remarkably clear manner, considering the difficult German text with which he had to labor. Few Americans understand the intricacies of a scientific paper written in the stilted involved German of the earlier time; a difficulty which inheres in the "book" German even of to-day. It is difficult for an American to realize that in German there are really two forms of language; one for the book and the other for the street and shops. In America the best forms of speech are always sought after by all the people; we strive to speak the purest American, and are not accounted affected or stilted if we use good language in any, even the most ordinary, affairs of the street or household. Directness and clearness are the principles of the American speech. This is not true of the German, as any foreign student of that language will admit. There is one form of speech, sometimes referred to as "Nach der Schrift"; and the other, the colloquial, every-day form; and the former is as difficult for the ordinary speaker to understand as the middle-age English is to the modern American. Having gone over a number of pages in Tafel's translation we are glad to say that his work is well done. For though he follows the idioms of the author closely, he yet makes them clear and strong even to the casual student and reader. Dr. Hughes' part in the work needs no explanatory note at our pen; it must be too evident to require even a line of comment. Dr. Pemberton Dudley acting as editor held a revising pen over the too-Germanized English of the translator; carefully noting that the possible scientific errors of a non-medical translator in handling a medical subject, might not obtrude and so destroy the value of the work. Dr. Dudley's valuable editorial pen has made this last edition of the "Chronic Diseases" a most excellent work, and one upon which he and his associates may safely rest their homeopathic records.

It is to be regretted that this work cannot be made a text-book in our schools of homeopathy. If it were possible to make an obligatory exercise of the several chapters on "The Nature of Chronic Diseases," "Syphilis," "Sycosis," and "Psora," there would be much less of homeopathic atheism extant. Then also that absurd notion of regarding the itch pustule as the basis of all chronic disease would be soon banished from the allopathic gray-matter. Hahnemann in his masterly logical way clears away all

doubt, and explains the theory of the hydra-headed monster, Psora; and he as clearly sets forth the difference between dilution and potentization, the small dose and the large one, the crude and the infinitesimal; all of which, as every instructor knows, are questions put to him in nearly every lecture delivered, or asked by intelligent patients of their medical man. If, as we have already said, these chapters and others correlated could be put within the covers of one volume and then made a text-book for colleges and under-graduates, there would be less and less danger of our bright and honest young men and women being beaten down and trampled upon by the competing allopath and his patients.

Indeed, is not this a deplorable deficiency in our medical school system? This absence of proper text-books? Take the average student, coming to the school from the preceptor's buggy-shed, or the smithy 'neath the spreading chestnut tree, and what is at once done with him? He is set to work with chemistry, physiology, hygiene, anatomy, dissecting, and allied matters; then, when he has run this gauntlet of requirements, he is put to work with lectures on *materia medica*, with clinical medicine, with surgical work, with attendance upon clinics and clinics and clinics; but as to homeopathy, where do we find it? Only as an occasional reference made to it by the Professor of *Materia Medica*, or as a perfunctory aside by the gynecological or surgical expert. May we not say it, and with assurance, that there is something in homeopathy beside even a well-taught lecture on *Materia Medica*; that there is something in homeopathy beyond an impressively given clinical lecture; even greater than a perfected knowledge of the latest technique for unsexing the race? Who is to teach this? Where are the text-books? In some of the schools, notably in Philadelphia and New York and, we believe, also in Boston, this primary essential is well attended to; but in how many other educational institutions do we find it? Now we beg to say that we have no reference to the occasional giving of a lecture or two on the principles of homeopathy, or that more highfaluting and alluring title, "The Institutes of Homeopathy," which shall incidentally teach the "boys and girls" that Hahnemann's motto was "*similia similibus curantur*," that Hahnemann is dead, that the *Organon* *should* be read, and that the homeopathic school is destined ere long to overreach all other schools in the near future; and other of the same spread-eagle reminiscent chatter. What we believe to be a crying need of the day is a prescribed course in honest homeopathic teaching, long before the practical parts are entered upon. An obligatory course.

Much of this knowledge can be found in the "Chronic Diseases" now lying before us; but the bulk of the volume we fear will not make it convenient for the student to handle. We offer it therefore as a suggestion to some of our book-makers, that they arrange a small compact text-book, embodying the essentials of homeopathy, as collated from the *Organon* and the other writings of Hahnemann, and, when so arranging the data, to omit the bookmakers' personal bias.

To review this book upon its intrinsic merits, even were it a new book, would take the form of a review of the Bible or the dictionary. Every page bristles with interesting and novel facts with which every good homeopath should be familiar. Of the 1600 pages, 1438 are given over to symptomatology, the *materia medica* part already referred to, with the 48 remedies constructed after the manner of the *Materia Medica Pura*, and these prepared mainly in their relation to chronic diseases. That the symptoms are clear and valuable every student of Hahnemannian homeopathy well knows; but that they are taken possibly wholly from the latter part of Hahnemann's practice—after he fell into the tender clutches of his French wife—may not be so well known. It is to be inferred from this that, having abandoned acute diseases in practice, he selected the symptoms from those presenting in the chronic-disease patients who now, at this latter period of his life, came to him, and in the cure of whom he was so eminently successful. It was these earlier and for a long time unapproachable writings—because in the German language—which form the basis of doubtlessly all the later symptom-registers from which the present generation of homeopaths has been taught. It is well, therefore, to have the original and compare with the later copies. If a few more of the older and earlier books on homeopathy, those directly from Hahnemann's pen, are put into modern English, and by conscientious translators, the happily fast disappearing ridicule concerning homeopathy and Hahnemann will soon be wholly lifted, and the mild power of cure be placed at the head of the medical column. It would result in another most devoutly wished-for result, namely the non-appearance of so many re-hash books. As homeopathy is a permanent fixture based upon an immutable law, when once the original law is thoroughly well exploited, and by its discoverer, the need for thirty or forty little text-books drawn from the original but for many years lost manuscript, because in another language or because presented to the profession in a garbled or biased form, will no longer be apparent. Homeopathy is not a difficult topic. It should be simplified

thoroughly ; it should be compressed within a small compass, and it should be made a compulsory course in our schools ; then there would be no longer any excuse for ignorance, not alone among the allopaths, but also among the so-called homeopaths.

As to the mechanical parts of this book before us, there is no criticism to make. It follows the usual order of excellence of this firm. The printing is in clear type, the paper heavy and bright, the binding strong and lasting. We are glad to welcome this book and feel that it will do much good to us as a school and as a profession.

Globules.

Dr. Wm. H. Burt, one of the oldest homeopathic physicians in Chicago, died January 29.

In such cases as delirium tremens, headache from debauch, or excessive mental or physical exertion, Dr. Hamsin says that celerine is specially servicable.

"Let me take the blamed thing home," said the patient, as the dentist relieved him of his aching molar. "I want to take it home to poke sugar in it to see it ache !"

The *Medical and Scientific News*, published at Elkhart, Ind., by H. A. Mumand, M. D., takes the place of the former smaller journal. It is a newsy compilation, but in our estimation is trying to cover too great a field. The make-up shows that a practical printer is at the helm.

Dr. de Cooman relates two cases—one of the neuralgia following shingles, one of acute bronchitis in a tuberculous subject—where, ordinary medication proving ineffective, a malarial anamnesis led him to give quinine, and with the best results. The interesting thing is that the 3x trit. of the sulphate sufficed for the purpose.

The *Homeopathic Physician* for January, 1897, gives a readable and interesting paper by Stuart Close, M. D., of Brooklyn, on "The Artistic Spirit in Medicine." From some of the remarks employed we fancy that Dr. Close tried very hard *not* to include some of the "artistic spirit in medicine" which was presented at Newport during the session of the American Institute.

The Chicago Homeopathic Medical College seems to be the only one of our colleges which has been able to continue the Post-Graduate course. The Circular of Information on our table sets out at length and in good phrase the

advantages to be derived from attendance upon this course. This college is one of the progressive schools of the day, and its corps of instructors men of celebrity and success.

Eugene F. Storke, M. D., most recently of Denver, has not yet been heard of, despite every effort, and it is feared that he no longer abideth among the living. He went to Mexico partly for business and partly for health. He was heard from after his arrival in the Chihuahua district ; after this nothing further. We sincerely trust that our genial friend, ex-editor, physician, and valuable contributor will again return to us restored in health and strength.

Dr. Flora A. Brewster of Baltimore has re-established the *Baltimore Family Health Journal*, a clean and instructive monthly devoted to hygiene, dietetics, nursing, and prevention of disease. "Sister Pandora"—for Dr. Brewster was our Pandora in the recently closed European tour—has an excellent literary touch which, added to a rare executive ability, gives her patients and patrons an abundant supply for their subscription. Dr. Brewster is at the head of a successful medical and surgical sanatorium for women in Baltimore.

The Ann Arbor Homeopathic School has fathered a *Bulletin*, devoted to the interests of the school, and chaperoned by the faculty. In this Midwinter *Bulletin* the advantages and successes of the school are pertinently set forth, and display to the professional world that the school is rapidly taking its place toward the very front of the column, and, per contra, that there is no longer need to agitate its removal elsewhere. Each professor contributes of his chair the record of work done, making a creditable showing ; in this regard it will be worth examining the table of work done by Professor Copeland, eye, ear, and throat. From the opening of the school, October 1, 1896, to the first day of vacation, December 18, 1896, there were 268 cases, with 45 operations. Considering the hue and cry made of the alleged absence of clinical matter at Ann Arbor, this table very effectually disposes of that assertion. So in other statements and tables of work done. Now, gentlemen of Detroit, the time has come to work for and not against the Homeopathic School at Ann Arbor.

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NEW YORK, MARCH 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



WM. M. COOLEY, M. D.,
Herington, Kan.

HE KILLED CATS!

UNDER this caption, with other "scare-heads," the *Cleveland Leader* prints a special dispatch from which we take the essential elements, changing names, not desiring to advertise the principal participants in their nefarious occupation; and, also, believing that this city of five thousand souls and more should not be held to account for the performances of a handful of its inhabitants.

CATASTROPHE, MICH., February 9.—The announcement that Rev. Wanton L. Fanaticus, assisted by Dr. Cruelty E. Murderer, would kill two cats in the pulpit of the Methodist Church to illustrate Fanaticus's sermon on tobacco, was sufficient to pack the church. Prominent on the pulpit were packages of fine cut and plug chew-

ing tobacco. Fanatics contended in his sermon that tobacco in any form was bound to fill the user with nicotine and eventually produce death. . . . [After enumerating the usual catalogue of horrors in all such cases made and provided, he said]: "We, of all nations the most nervous, can least of all afford to play fast and loose with tobacco, the enemy of the body, the mind, and the soul." Holding aloft a pound plug of tobacco, he assured his hearers it contained enough grains of nicotine to kill two hundred men. Then the cats were brought up by Dr. Murderer. An assistant held them while the doctor administered the nicotine. The first one died in a minute and a half, while the attendant held it, after three drops of nicotine had been placed on its tongue. The next cat, a large one, was administered only two drops, the purpose being to illustrate the sickness and spasms which the first dose of tobacco creates. A second dose of two drops was given, and in a minute and a quarter the cat was in the seventh heaven of catdom. Rev. Mr. Fanaticus announced that next Sunday he would kill some more cats to show the effects of alcohol, and also have on exhibition the stomach of a drunkard.

* * *

THE pity of it, Iago! On last Sabbath, in the sweet and holy calm of church-devotion, in the end of the nineteenth century, a preacher-man of the sensation-mongering kind, of course, in a town in Michigan, regaled his customers and advertised himself to the *now* crowded church with exhibitions of murderous cruelty in order to emphasize the awful wickedness of the use of tobacco. The Bible and hymn-books had been very properly removed from the sacred desk, and in their place the pulpit was littered with tobacco in various forms and packages. Then, at an appropriate rhetorical climax, carefully prepared and written out, and studied and rehearsed for days preceding, two live cats are introduced—two living, healthy, conscious cats, defenseless and inoffensive—(the proposed cat-murder having been fully advertised)—and with the assistance of—let it whispered in sorrow and sackcloth,—with the aid of a medical miscreant, these two cats are killed by administering drops of nicotine upon the tongue,—the second cat being purposely tortured in order to prove more effectively the spasm-inciting element of tobacco.

FANCY how this same clerical cat-killer, this inhuman butcher of a lower order of creation, would turn up his yellow eyes, and hold up his bloody fingers at VIVISECTION, even when done in the interests of humanity of which he forms an unworthy but integral part! Yet contrast the two proceedings: on the one hand, the animal is, as a rule, chloroformed into absolute unconsciousness; the vivisection is done by educated scientists in the quiet of the laboratory along certain prescribed rules, and for a distinctly scientific and, therefore, humane purpose; while, on the other hand, the poor cats are butchered in sight of an audience composed of women and children, with the express design of making the exhibition as cruel as possible! Think of it! This wanton murder of God's other forms of life, in an edifice dedicated to peace and sweet charity and purity of mind and body; in the stillness of the Sabbath; in the hush of that sacred hour given over of all the week to the adoration of God's infinite mercy; His beautiful sunlight streaming in at the windows an unwilling witness of the acts of this desecrating devil; the sweet air of heaven filling the lungs of the poor cats as well as the murderous twain; amid this impressive hush, these inoffensive lower creations, fashioned by the same Omnipotence that fashioned the "higher," are offered up a tortured sacrifice to the fad-bitten fanatic who dares strut through his brief hour a pretended follower of—but no, no, let us not profane that holy name with propinquity with this latter-day Weyler!

* *

AND that congregation of Christians, in the main composed of tea and coffee drunkards and dyspeptics, who believe that they believe the Ten Commandments, and dare to utter the Lord's Prayer, is it not the same crowd which sits up half the preceding night, and rises by early candle-light to be in time to see and gloat over the hanging of some poor wretch on Tyburn hill? Is it not a lineal descendant of the peoples of an earlier and non-Christian age, who fought—not like cats—for sitting and standing room in the windows and balconies overlooking the burning of Nero's human torches? If the much maligned fool-killer does not speedily overtake and round up this cat-killer, then the Society for the Prevention of Cruelty to Animals should take a hand and derail this devil-brained dominie. This hysterical human hyena ought to be dealt with by some competent tribunal. Are there no Whitecaps in the upper pineries? Surely the Probate Court of that jurisdiction could not go far amiss in appointing an Inquisition of Lunacy to sit upon the sanity [!] of this cold-blooded, clerical cat-killer—this artificer in thumb-screw rhetorical and executions!

CHRISTIANITY, how many are the crimes committed in thy name! And the Right Rev. Torquemada with his Board of Experts in Refined Christian Cruelty of the ante-Cuban period reputed dead! What will not a decadent preacher do to keep himself in the *Police Gazette* notoriety of his people! If this unworthy follower of the Great Physician had but a tithe of the sense of either of the harmless cats whose lives he has brought to a murderous pause, he would know that *any* drug, not necessarily poisonous in infinitesimal doses, when given in highly concentrated or alkaloid form will destroy life as certainly as nicotine. If he doesn't, then we suggest that his assassinating accomplice refer to some modern work on toxicology, or even therapeutics, and read up on the effects of strychnia, the alkaloid of nux vomica; of atropine, the alkaloid of belladonna; of morphine, the alkaloid of opium; nay, even of coffee and tea! Further, that an alcohol drunkard's stomach is no more foul and disintegrated and discolored, after the original owner of that useful viscus is dead, than the stomach and breath of a cat-killing preacher who has swilled coffee and tea, and eaten hot bread, and saleratus biscuit, and lardshortened pies for a generation or two!

* *

TOBACCO may be a poison,—and it doubtless is, when instilled on the tongue of a cat or a human being in nicotine form. We do not recommend the use of tobacco. We caution our patients against its use. But taken in moderation, in the form of a good cigar at the close of a day's close and intensely taxing mental application; or taken as a pipe full of the Seal of North Carolina at the end of a fourteen hours' trot in the furrow after a plow-tail; or as a chew during the hammering of an anvil in grime and sweat for eight hours; tends to quiet the nerves and puts its user (not abuser) at peace with his fellow-man; it certainly does not implant murder in his heart either as against his brother or the lower creations. There are worse things to contend with in some churches of today, with their modern innovations, their restaurants and semi-vaudeville attachments, than the use of tobacco. There are "hogs" in all things—with our sincere apology to the porcine population—and such "hogs" are not always to be found in the corner saloon, nor yet in an elevated railway train.

* *

AS for the medical miscreant who prostituted an honorable profession in assisting this rhetorical jaw-smith in his bid for gutter-popularity—he has fallen too low in professional ethics to be lined up even with Zertucha! Let

him alone in the embrace of the mantle of dishonor he has thrown about him. Preacher-doctors, like doctor-preachers, from time almost immemorial have been a deeply degenerate class. A man, who, having received a liberal education, sufficient at any rate to pass a rigid medical examination, and has presumably ministered to the weaknesses of his people for a few years, yet associates himself with a mouthing mountebank to DESTROY life, in utter disregard of all his teachings and the tenets of a physician—to SAVE life—has fallen too low for other comment than a statement of the case. The tape-worm fakir, and the three-day-cure fellows stand incalculable distances above him. Rats!—or, rather, Cats!!

Materia Medica Miscellany.

Conducted by A. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 1st, of each year.

Erodium Cicutarium, A NEW HEMOSTATIC AND UTERINE TONIC.—Komorovitch³⁷ asserts that *erodium cicutarium* (hemlock stork's bill) exercises a powerful hemostatic action in metrorrhagia. He tried it in twenty-three cases—in twenty, the flooding was caused by metritis; in one by myoma; in one by cervical polypus; in one by abortion. A tablespoonful of the decoction (four drams of herb to six ounces of water) was given every two hours, and in all the symptoms quickly subsided, even in those who had been treated previously by ergot and hydrastis without success. No accessory phenomena were observed, although in some cases the administration continued for several weeks. The *erodium* seems to exercise a direct tonic influence on the uterine muscular tissue, the organ growing distinctly firmer during the administration. In the case of cervical polypus the latter was found lying free in the vagina after two days' use of the decoction.

Sanguinaria IN OVARIAN NEURALGIA.—As an instance of drug selection, according to sequence of symptoms, Ord³⁸ relates the case of a young woman, æt. twenty-two, who for twelve months had suffered from pain in the right side. She had been attending a hospital for four months, was an in-patient for two weeks, and was blistered on side and back, without benefit. Pa-

tient a florid, bright woman, unmarried. The right ovary was very tender to external pressure. She described the pain as constant aching, very distressing, and incapacitating her from active work. It was much worse at the periods and after exertion. There was also a pain over the right hip, worse in wet weather; no tenderness or swelling. The periods recurred every two weeks, very profuse and bright, with such severe pain that she had to lie up every time. Bowels constipated. For six weeks she was given in turn belladonna, nux vomica, and hepar. Of these, the last relieved the hip pain, but she was no better otherwise.

Clinical History of the Case.—She enjoyed good health, and respiration was normal, until fourteen months ago, when she suffered from indigestion and constipation, followed by flushing and redness of face, with constant headaches. The pain in the side then appeared and the periods became too frequent and profuse. This sequence indicated sanguinaria, which, agreeing well with the symptoms, was ordered in the 1st dec. dil. gtt. v. t. d. e.

In a fortnight she reported great improvement; pain almost gone. The period had just passed, less profuse, with very little pain, and she had not to lie up for it. In another fortnight, sanguinaria being continued, she returned considering herself cured, and feeling better than for many months. Patient was advised to continue the remedy after the next period, and has not returned.

Staphisagria IN NIGHT SWEATS.—Bibby³⁹ says: I have used it for six years in night sweats and it never disappointed me. I have given it to patients bordering on consumption. Put two or three drops of the tincture in two ounces of water, and give a teaspoonful every two hours. If it makes the case worse, you may know you have the right remedy, but your dose is too large. Dilute it more, or lengthen the interval between the doses. I say two ounces because I think that will be all that will be needed.

Pilocarpine AND MENIERE'S DISEASE.³⁷—A man aged twenty-nine, afflicted with otorrhea and symptoms of tuberculosis, suddenly started to vomit, then became deaf with vertical vertigo, but did not lose consciousness. The vertigo persisted for several days, and the murmur in

the ears became very intense; there was anchylosis of the ossicles. He was ordered one-fifteenth of a grain of pilocarpine hypodermatically the first day, reduced to one-sixtieth the second day. After ten days the vertigo disappeared, but returned, when treatment was recommenced and continued for thirty days, when all disagreeable symptoms had permanently disappeared.

Atropinum Sulph IN CHRONIC GASTRIC ULCER.—Dr. Thom.⁹—Mrs. B., of this place, aged thirty-three, of a weakly constitution, consulted me on last ascension day (May 27). Leaning on her husband's arm, her face drawn up with pain at every step, she entered my consulting room. According to the opinion of other physicians, she has been suffering for about seventeen years of chronic ulceration of the stomach or its consequences, which are more or less violent at various times. For several weeks past the patient has been again constantly tormented with pains in the stomach, which are aggravated at every meal and at every step, and which at times increase into violent paroxysms. The region of the stomach appears to be and is actually distended. She cannot bear the pressure of her clothes. Occasionally she is tormented with mucous retchings. The appetite is almost entirely lacking. The stools are hard, delayed, and occasionally bloody. Her general health is very much changed by sleeplessness, lack of appetite, pains, and the constant anxiety about her life and health.

The patient was requested to remain in bed, and a corresponding diet was prescribed. Besides this I gave her twelve powders of atropinum sulph. 5 d. trit., three powders to be taken every day. The effect was truly astounding. The patient, who had for years been taking medicines almost in vain, appeared again on the fourth day and declared that she felt like a new creature. All the symptoms had improved, the pain and the tormenting retching had gone already in the second night, the sensation of distention and the sensitiveness of the stomach-region to the touch was much less and "hardly troubles her at all now." The patient desired to continue the treatment, so as to make sure of the cure, and therefore asked for additional medicine. I have made inquiries, and find she is still well. Atropi-

num sulph., therefore, seems to have here effected a real cure, though, according to Hirschel's view, "It rather serves to prepare the way for the cure by other remedies, as it dulls the excessive irritation and the high degree of sensitiveness (of the nerves of the stomach)" in suitable cases.

Stellaria Media FOR RHEUMATISM.—Frederick Kopp³⁴ made in 1893 a proving of the drug several times repeated. He says that "the excruciating rheumatic-like pains developed at the time are still vividly remembered by me; in fact, they were so severe and intense as not to be easily forgotten when once experienced. There is no mistaking the rheumatic symptoms of the drug. They come on very rapidly, and the sharp, darting pains so peculiar to rheumatism are experienced, not only in almost every part of the body, but the symptoms of soreness of the parts to the touch, stiffness of the joints, and aggravation of the pains by motion are also present. These pains may be described as follows:

"Rheumatic-like pains over the right side of the head; especially toward the back, with parts sore to the touch; rheumatic-like pains darting through the whole head, worse on right side; rheumatic-like pains in left half of forehead, over the eye, with the parts sore to the touch; rheumatic-like pains in the left foot; rheumatic-like pains in the ankles; sharp, darting, rheumatic-like pains in the left knee, gradually extending above along the thigh; rheumatic-like pains below the right knee-cap; rheumatic-like darting pains through various parts of the body, especially down the right arm, and the middle and index fingers of the left hand, stiffness of the joints in general; rheumatic-like pains in the calves of the legs, which are sensitive to the touch; rheumatic-like pains in the right hip; pains across the small of the back, aggravated by bending or stooping; stiffness in lumbar region with soreness; darting rheumatic-like pains through the right thigh, rheumatic-like pains in the right groin.

"It will be seen by the above symptoms that almost every part of the body, in which it is possible for rheumatic pains to occur, is affected; the rheumatic-like pains darting from one part to another being characteristic."

He reports it as being curative in all climates, and especially where there are shifting pains. He recommends that it be administered in the 2x dilution, and externally by adding 30 to 40 minims of the mother tincture to the tumblerful of water and moistening cloths for application.

Mydrol—A MYDRIATIC.—The name "mydrol" has been given by Barbiano³⁷ to iodo-methylphenylpyrazolone, a white, odorless, bitter powder, easily soluble in cold water or in alcohol, and insoluble in ether. Mydrol retards the pulse and causes mydriasis. According to Cattaneo, the latter phenomenon is slowly produced, but is very persistent, and the mydriasis produced by a five to ten per cent. solution, though not so complete as that caused by atropine, is yet sufficiently so for the purposes of observation. It is also claimed that mydrol is non-poisonous, and causes no disagreeable by-effects.

Care should be taken not to confound mydrol with mydrine, the latter being a combination of the alkaloids ephedrine and homatropine.

Silver AS AN ANTISEPTIC.—Crédé³⁸ of Dresden says that the numerous observations regarding the antiseptic power of the metals has led him to experiment with them. Arranged in the order of their potency, they are: thallium, silver, cadmium, and copper. He found the bactericidal properties to be due to the formation of a lactate of the metal. As thallium salts are too poisonous, he experimented with the lactate of silver, which he found to be a powerful microbicide, but on account of its free solubility it is very toxic. The carbonate of silver, being soluble in the proportion of 1 part to 3800 of water, was used. According to Behring and Koch, silver salts are about five times as powerful as the mercurial; therefore small quantities are efficient and non-toxic. Gauze bands covered with a thin coating of metallic silver, and gauze impregnated with silver powder, retained their antiseptic power after having been in contact with a wound for a week.

The practical results have been very favorable. For seven months Créde has used silver carbonate in the treatment of wounds, without once causing irritation or pain.

Moringa Pterygosperma IN JAUNDICE.—Dr. Dhargalkar³⁷ suggests this drug as worthy of investigation. He states that the root, the

gum, the leaves, the flowers, and the fruit of the Indian horse-radish or drum-stick tree are all useful in medicine. The root has a strong, pungent odor, and when distilled with water yields a pungent essential oil. The bark is rubefacient and domestically used as a counter-irritant in chronic rheumatism. He accidentally found that, if administered in proper doses, it was useful in jaundice, and so made several experiments with it, obtaining most satisfactory results in eight cases. He had no opportunity to observe toxic effects and it did not produce any unfavorable symptoms. In order to try its effects on the healthy system, he took on an empty stomach a dram of the tincture in an ounce of water; it tasted something like an infusion of bitter almonds and produced a sensation of warmth at the pit of the stomach for two or three minutes, but did not produce any other effect.

Calcic Iodide IN MAMMARY TUMORS.—One of four similar cases reported by Dr. S. Nichols¹⁸ is that of Mrs. J. H. B., forty-nine years of age. No record of hereditary taint, complexion sallow and earthy, eyes blue, and noticed a bunch in the breast for some months, attention having been first called to it by her dressmaker; but lately, on account of severe pain after using her arm, and on account of great tenderness of the whole breast. Examination showed a bunch in the upper segment of the right breast, with apparent retraction of nipple, skin unchanged, tumor freely movable, rounded and irregular in shape, but not nodular, about the size of a small lemon, as it seemed through the thick adipose tissue; the axillary glands were not affected, and general health was good, although the face was sallow and earthy in color. Pain was shooting and aching, and the bunch was quite tender when touched, but showed no evidence of fluctuation, and the nipple seemed to be depressed rather than retracted. She stated that she had been told by several physicians that the bunch was cancerous, and, while very anxious, she had refused to have an operation.

She was told to keep that arm quiet, not being allowed to sew or raise the hand to her head, and was given calcic iodide 3x, two grains four times a day. This was continued for several months and then given only night and morning

for two years, during which time the tumor diminished slowly but steadily, until it finally disappeared. During the course of this treatment two smaller tumors appeared in the other breast, but vanished in a few weeks without change of remedy.

Chloride of Ammonium IN DELIRIUM TREMENS.—Some time ago, says Dr. W. Bourne Gossett, in *N. Y. Med. Jour.*, I was called to see Mrs. —, a lewd woman. She had been on a drunk for eight days, and just before I saw her had had the usual reptile hallucinations. I found her very restless, moving incessantly, and by force she was made to stay in bed. At once I sent to a neighboring drug store for a dram of chloride of ammonium, but before getting it she was beginning to get more excited and seeing "snakes." As soon as I got the ammonium I at once gave her half a dram in a large quantity of water—four ounces—and had her drink it in one or two gulps. In fifteen minutes she was quieter, and in fifteen minutes more I gave her the other half dram. In a short time she was asleep and slept for six hours. She awoke feeling much better and had no more trouble. I should not hesitate to give a dram and repeat the dose in half an hour if the patient was not better.

Iodoform IN TUBERCULAR MENINGITIS.—Dr. W. J. Martin⁶ narrates the case of a babe fourteen months old brought to him August 31, present year, had been sick one week under care of an allopath who changed his prescription every day. The symptoms he noted at this first visit were fever, no sleep, hot head; *R* belladonna.

September 2.—The father reports the child sleeping all the time, he therefore thought it better; *R* sac. lac.

September 4.—The report is brought that the child still sleeps much, but moves the mouth constantly as though chewing or sucking, bores the head back, and rolls it from side to side. The child has been sick now about twelve days. My suspicions were aroused as to the likelihood of it having tubercular meningitis, but the symptoms being so marked for hellebore, I sent it with the request that they report in the evening. In the evening I saw the child late, in response to a call sent early, which I did not receive on

account of being called out of the city, and found it in most violent convulsions, facial features distorted, eyes squinting, head retracted, neck and back stiff, automatic motion of one arm and leg and all that kind of thing. There was present a sign which some have claimed to be pathognomonic, that was when I drew my finger nail across the child's forehead a red line appeared and remained a few moments.

I prepared iodoform 2x four grains in a goblet half full of water, with instructions to give a teaspoonful every hour. We all expected the child to die before morning, but it did not; on the contrary, when I made my visit the next morning I found that the spasms had almost ceased, the febrile condition was much moderated, and the child could again nurse. The iodoform was continued, the child improved steadily and rapidly, so that in one week from the time of commencing iodoform the child was discharged cured.

Argentum Nitricum IN EPILEPSIES.—Dr. Gray⁴ mentions the following moral conditions which would confirm the selection of argent. nit. in the presence of other general indications:

1. A crowd of impulses to act, to move, to be busy, which, without any distinct purpose to effect, keeps the patient in continual motion, a state of unrest which gives the appearance of hurry and discontent to all his conduct.

2. The opposite to the foregoing condition; not the calmness of deportment which occurs when the mind is in a healthful contemplation, but an apathy indicative of a privation of motive or purpose, a state verging upon, and often ending in, perfect imbecility, or

3. Errors and defects of perception. The erroneous perceptions in which I have seen argent. nitr. useful, have been: (1) As to time, the patient constantly fearing he should be too late, and supposing that one or two hours had elapsed, when not more than a quarter or an eighth of the supposed time had passed, and this all the while, night and day, for many weeks together; and (2) Errors as to the velocity of gait, the patient supposing that he was walking very rapidly when he was in fact moving but very slowly indeed.

Moreover, I should regard the nitrate as the remedy, other indications existing for its use, in

all severe commotions of the system arising from too great acuteness of the perceptive organs; e. g., certain forms of epilepsy and chorea.

Cantharis Cerate.—A SOVEREIGN REMEDY FOR BURNS.²—Some eight days ago, while following a branch of my vocation, I was boiling in a large kettle, of three gallons capacity, a mixture of fat and fluids that contained alcohol, and accidentally the evaporating fumes caught fire and communicated to my compound, upon which I immediately seized the kettle by its handle and removed it from the fire, and both hands and wrists were severely burned by the flames from the kettle. The pain was excruciating, and my thoughts immediately ran over remedies for relief, when they lighted upon cantharis cerate, long recommended for burns by homeopaths, according to the law of similia similibus curantur, as cantharis in full strength will cause smarting and blistering of the skin similar to a burn. I smeared the cantharis cerate liberally all over the burned parts, and while, for a few seconds, the pain seemed to be increased it was followed by a cooling sensation so rapidly that I looked with surprise at my hands and could not realize that they had been so severely burned as they were. While the cerate was on the feeling was normal, and because of such comfortable feeling I was tempted to remove the cerate some two hours after, when the pain immediately returned, so I again smeared on the cantharis cerate and was as quickly relieved as before. The next day I was able to remove all the cerate and felt no inconvenience, except a slight stiffness of the finger joints, but pain was entirely gone. Now the old skin is peeling off the most severely burned parts, the same being covered with new cuticle. In all my forty years' experience I never used anything that acted so magical for burns, and I have had occasion to try nearly everything that has ever been recommended.

Cocaine Poisoning.—Dr. Weinrich³⁷ discusses cocaine poisoning originating from the urinary passages. The symptoms are very variable, but they are mostly referable to the nervous systems. Cocaine must, therefore, be used with caution in neurotic individuals. The symptoms may consist of stupor, vertigo, head-

ache and these may end in collapse with severe precordial anxiety. Clonic and tonic spasms are noted, which may produce sleeplessness and restlessness in some people and unconsciousness in others. Mental excitement and a mild degree of mental aberration may be observed. Paralysis, tremor, slight loss of co-ordination may also be noted among the motor symptoms. If respiratory difficulty, cyanosis, loss of consciousness supervene, the prognosis becomes very serious. The unfavorable action of cocaine on the heart rarely becomes threatening, the respiratory symptoms being the most significant. A feeling of suffocation with irregular stertorous breathing may arise, and eventually Cheyne-Stokes breathing. Death may result from respiratory paralysis. Idiosyncrasy to cocaine is sometimes very marked, so that the size of the dose may be almost without perceptible influence on the intoxication symptoms produced. The horizontal position should be adopted when the cystoscope is used under cocaine anæsthesia. Chloroform may be given when spasms arise, but the chief remedy against cocaine poisoning is artificial respiration.

PURE HOMEOPATHY.

I AM a Simon-pure homeopathist, and pride myself on the fact. I am a true Hahnemannian. I believe in potencies and high dilutions to cure the sick, and also believe that when these fail, it is because the disease is incurable, or the remedy has not been regularly chosen. It is a difficult matter to decide this point, but I am convinced that it is the correct position for a true homeopathic practitioner to assume.

My reasons for this are that I have seen undoubted benefits arise from high potencies, hence I believe all drugs act in high potencies.

Those who insist that some drugs act best in low potencies, or the crude drug, are mistaken. Hahnemann at first gave low potencies and the crude drug, but finally declared for the 30c, and I believe he was right. Hence, I use high potencies. But it has been found since Hahnemann's day, that not only the 30c will act, but the 200c also. Therefore, I regard the 30c a low potency.

I believe that many physicians give high po-

tencies and do not know it. You have a trifle left in your bottle, say of the 10x. You fill it up 9/10 full of alcohol, this makes it, say 11x or higher, then you add 9x to raise the whole to 10x, but you have 10x + 11x in your remedy. How many years have you been doing this? Some of your bottles represent potencies from the 200x to the 1000x, mixed with lower potencies. Of course this may not meet the approval of everyone, but there are the figures.

I believe in the dynamic action of drugs, in the invisible dynamic power of drugs, to affect the invisible dynamics of the human system. The great fault of to-day is the want of faith. There are so many people who will not believe a theory unless they have physical proof of its efficacy to the exclusion of all other theories. This never troubles me. I only want to see the reasonableness of a theory to adopt it. And the dynamic theory seems very reasonable to me.

The dynamized drug is a great thing, and when properly selected capable of producing wonderful results.

Some people hold that it is unreasonable to trust to theories, merely because they seem reasonable, and cannot be disproved. When a theory cannot be disproved, is it not therefore proven?

A SIMON PURE.

NEW INVENTIONS.

A CURRENT contemporary gives picture space and place to a new form of portable operating table, which is heralded as one of the wonders of the age because of simplicity of construction and detail, portability, and the usual many other excellencies of the new rat trap or butter churn or fly-paper over those used by our grandmothers; but it is significantly silent as to the price of this new, simple, portable, and altogether lovely operating table.

In view of the fact that this simple, portable operating table has already become the saleable property of a monopolistic instrument-making firm, we are willing to wager a yesterday's fried-cake to a silver nut-pick that the price of this simple, portable operating table is beyond the purse of any ordinary traveling (country) surgeon; and the other kind of surgeon does not need a simple, portable operating table, however clever and

convenient, because he has a fee-simple proprietorship in a hospital whither all his patients are trundled for operation. So where is the use for a simple, portable operating table which can be folded and refolded so snugly and compactly that it will go almost into an inside overcoat pocket?

Besides, when an emergency-operation is to be done, where the rubber-tired ambulance cannot be had to "tote" the victim to the semi-public hospital, is there anything better and more certain to be found than a well-scrubbed pine kitchen table? With a very little of mechanical ingenuity this table can be "rigged" up so that even the most delicate operation can be done with celerity and reasonable safety.

Is not this one of the curses of our profession—this ushering in and crowding upon us of medicines, books, and instruments which, notwithstanding their monopolistic price, become useless within a year or two? Examine an instrument-makers' show case sometime and note the almost infinite array of vaginal specula; one with a screw here, another with a clip or an eccentric or a piston-valve over there; and yet, will not every well-experienced gynecologist tell you that there is really no great improvement in specula of the modern day over those dug up out of the ruins of Pompeii.

There is too much running after fads in our profession; too much striving after the odd and the eccentric; too much antitoxin and serum-therapy, and microbe-hunting, and Chinese-toy-shop apparatus and instruments; and not enough of that placid horse-sense which just cures folks and lets the book doctors and instrument inventors give the long-handled names.

A CLEVER RETORT.

A WELL-KNOWN artist of this city, says *The Bookman*, received not long ago a circular letter from a business house engaged in the sale of California dried fruit, inviting him to compete for a prize to be given for the best design to be used in advertising their wares. Only one prize was to be given, and all unsuccessful drawings were to become the property of the fruit men. After reading the circular, the artist sat down and wrote the following: "The — Dried Fruit

Company.—Gentlemen : I am offering a prize of fifty cents for the best specimen of dried fruit, and should be glad to have you take part in the competition. Twelve dozen boxes of each kind of fruit should be sent for examination, and all fruit that is not adjudged worthy of the prize will remain the property of the undersigned. It is also required that the express charges on the fruit so forwarded be paid by the sender. Very truly yours, — — —."

Good, bright "take-off" isn't it? Wonder if this formula wouldn't fit some of the fake patent medicine vendors who, in order to advertise their comp. tinct. of alcohol, molasses, and opium, offer prizes for the best written article on the subject of worms, ingrowing toe-nails, precocious toothlessness of new-born infants, and other equally novel topics, three or four of the best written to receive monetary prizes, but all papers contributed to be the property of the fake company. In due time, or extending over a variable period, these papers are published, reprinted, and *presented* to the profession and populace, with the name of the donor company either blown inerasibly into the body of the article, or picture, or the booklet or pamphlet or envelope carrying the article is noisomely offensive with the fake company's advertisement.

This is doubtlessly the age of advertisements; but it is altogether likely that even a long suffering doctor will get disgusted with such clap-trap, cheap-john, tommy-rot methods of catching his eye, and drop them into his waste-basket.

We are not very stiff-backed on the current code of medical ethics; but we are disposed to marvel why these contributing physicians to the fake companies' advertising pages are not dealt with by their respective societies, for improperly heralding their professional virtues and successes.

"YELLOW KID" HOMEOPATHY.

HOW much "yellow kid" homeopathy does not the professor of homeopathy in a homeopathic college have to contend with? One such professor of our acquaintance, after lecturing carefully and painstakingly to his class on any given remedy, is assailed customarily, at the close, with some double-barreled question, devised and constructed by the smart-Aleck student for no

other purpose than of showing that old school therapeutics is the best mode of using common remedies. Who is to blame for this "yellow kid" homeopathy? Startling as it may seem to a few of the uninitiated, it is the "yellow kid homeopathic" (?) doctors who load up their students with such fool notions. And the result? This: That when the "yellow kid" homeopath cannot use a knife, and the old school dosage and prescription no longer avail even primarily, then the "crank" homeopathic teacher is besieged by letter and in person to suggest some way out of the woods. This same practitioner objects to having his student listen to any such nonsensical remedies as *natrum mur.*, *lachesis*, *psorinum*, or *carbo veg.* Because our respected and sometime deceased grandfather always put a stone in one end of the grist-sack when riding to mill it is the bounden duty of his descendants even unto the third generation to do likewise, or be anathema!

PATENT MEDICINE NOTORIETY.

AND now comes the Reform Mayor of Chicago, Swift by name, and takes up a quarter page of our Saturday morning paper with his picture, done real life-like, with a recommendatory letter extolling the wonderful benefits of a certain every-Saturday-morning cure-all. No wonder clergymen are no longer much in demand for certificates of character either for morals or medicine, when men of the presumed eminence of the Reform Mayor of Chicago do not scruple to have themselves placarded all over the United States on Saturday morning as users and recommenders of patented medicines. When we add a line or two which is *not* to be found in this fulsome laudation of this patent medicine our readers will know what value to put upon his testimonial. The papers (on other days beside Saturday morning) report the Reform Mayor of Chicago as saying that an immense per cent. of convicts in the penitentiaries are there because of the greed for finery and rapacity for money which dominates woman; thereby insinuating that the husband is made to do wrong in order to satisfy the aforesaid rapacity and greed for finery of his wife and other female members of the family. But this is an old complaint, this of the downtrodden men. Perhaps

someone will recall that a certain other gentleman who figured in ancient history, having been caught in the act also plead the baby-act—though possibly that figure is inaccurate—anyway being caught red-handed this gallant gentleman crawled on his rectus abdominis saying: "The woman thou gavest me tempted me and I did eat."

THE MINNESOTA LAW.

"THERE is a bill," says *The Medical Argus*, "to provide a still more stringent law for the examination of those desiring to practice in the State. The fence is not high enough to suit some members in the profession. We have the most stringent law in the United States at the present time. If the legislature of Minnesota desires to pass a fair and equitable law, let them repeal the present obnoxious medical examining board law, and pass a law providing that the legal owner of a diploma from a reputable medical college, upon presentation of such diploma, may practice medicine in all its branches in the State. Our present law keeps experienced and well-equipped physicians out of the State and lets in recent graduates. The men of experience find it difficult to pass such examinations as our board holds owing to the fact that technical and detail matters in medicine are frequently forgotten by the old practitioners, while they are fresh in the mind of the young man just from college. Our present law ignores the fact that years of experience count for more than mere theoretical knowledge."

Yes, that's so. And that outrageous law accounts for the many valuable locations open all over this otherwise progressive State. It is easily understood why New York and Pennsylvania have put up the barbed-wire fence; but it will be a good many years before Minnesota can plead overcrowding of the profession. What about the citizens of Minnesota, resident of the many "open" towns which we recently printed. Have they any rights? Shall the narrow-minded policy of a handful of professional cranks, more or less honest in their elevation of the "standard," debar these citizens the benefit of homeopathic medication? An honest diploma from an honest college should be passport to practice in any State in the union.

PHYSICIAN FOR SEVENTY YEARS—DEATH OF DR. LEWIS HALLOCK, ONE OF THE OLDEST PRACTITIONERS IN THE COUNTRY.

DR. LOUIS HALLOCK died at his home, No. 34 East Thirty-ninth Street, March 1, Dr. Hallock was one of the oldest practicing physicians in New York, and probably in America. He was born in this city June 30, 1803. His father, Jacob Hallock, was a lineal descendant of Peter Hallock, first of the name in this country, and one of the Pilgrim fathers, who came to America in 1640.

He was graduated from the College of Physicians and Surgeons in 1826. After practicing allopathy for fifteen years, Dr. Hallock became a homeopathist. In the year 1844 he united with others in founding the American Institute of Homeopathy, and subsequently became a member of the County, State, and National societies, and one year held the office of president of the City and County Society. He was a trustee of the New York Homeopathic Medical College and Hospital. His wife died four years ago. Three daughters survive him.

PECULIAR SYMPTOMS.

Collated and arranged by S. F. SHANNON, M. D.,
Denver, Col.

Part I.

(Continued from page 403.)

COUGHING: Involuntary spurting of urine when: antimonium crud., alumina, apis mell., bryonia, causticum, conium, ferrum phos., lachesis, natrum mur., nux vomica, phosphoric acid, pulsatilla, rhododendron, rumex, spongia, squilla, tarantula, thuja, veratrum album, viburnum, zincum met.

Pain in the back of the head when coughing: ferrum mur.

Pain in the belly when: conium.

Lower extremities jerk during the coughing spells: stramonium.

Spells end in sneezing: amanita, belladonna, hepar s. c., squilla.

Stitch deep in the brain when: bryonia.

Cough is aggravated by music: ambra grisea, calcarea ost., chamomilla, kali carb., kreosotum, phosphoric acid.

Cough is excited by deep inhalations : apis mell., hepar s. c., phosphorus.

Is excited by talking : alumina, anacardium orient.

Is preceded by aphonia : ailanthus.

Is preceded by jerking in the hips : arsenicum album.

Is excited by ice water : aconite.

Loose after eating, dry after drinking : nux moschata.

Minute-gun cough : corallum rub.

Muscles of the face twitch during the cough : antimonium tart.

Relieved by cold water : capsicum, causticum, coccus cacti, cuprum met., euphrasia, opium, sulphur.

Only during the day : ferrum met.

Only on lying down : causticum.

Only on lying down in the daytime : sulphur.

Only when sitting, not when walking : as-tacus.

On rising from lying : lachesis.

Relieved by eating : ammonium carb., anacardium, euphrasia, ferrum mur., sinapis, spongia.

Relieved by eating sugar : sulphur.

Relieved by lying on the belly : baryta carb., medorrhinum.

Relieved by putting the hand on the pit of the stomach : crocus sat.

Coughs always before the menses : argen-tum nit.

And gapes consecutively : antimonium tart.

Dependent upon hepatic troubles : æsculus hipp.

Sneezing between the coughing spells : bryonia.

Cough : Vomiting of the ingesta after the cough : which relieves : anacardium orient.

Whenever any part of the body is uncovered : hepar sulphuris calc., rhus tox.

Whenever he talks or sings : alumina.

Worse after eating meat : staphisagria.

Worse after eating or drinking : aconite, arsenicum album, bryonia, nux vomica.

Worse after but not during eating : anacardium orient, curare, hepar sulphuris calc., taraxacum.

Cough : Worse as soon as he turns on the left side : rumex crispus.

Worse from cold water : arsenicum album, digitalis, lycopodium, rhus tox., silicea

Worse from drinking milk : spongia.

Worse from lifting a heavy weight : ambra grisea.

Worse from looking into the fire : antimonium crud.

Worse when playing on the piano : calcarea ost.

Worse in the presence of strangers : baryta carb.

Worse when lying upon the left side : aconite, baryta carb., bryonia, ipecacuanha, lycopodium, mercurius, paris quad., phosphorus, pulsatilla, rhus tox., rumex, senega, sepia.

Worse when lying on the right side : aconite, ammonium mur., carbo anim., cina, ipecacuanha, stannum.

Worse on going from cold to warm places : aconite, carbo veg., natrum carb., nux vomica, phosphorus, sepia.

Were on attempting to drink : bryonia.

Worse when many people are present : ambra grisea, baryta carb.

Worse from 4 to 6 p. m. : aphs chenopodium glaucis, lycopodium.

Cracking in the ears when masticating : aloë soc., alumina, baryta carb., calcarea ost., elaps, menyanthes, natrum mur., nitric acid, silicea.

Crackling in the vertex when sitting quietly : coffea cruda.

Cramps in the feet, worse when at rest : angostura.

Cranium : Brain feels as if too large for the : actea rac., belladonna, nux vomica.

Craves bread boiled in milk : abrotanum.

Craving for liquor which she has always hated : medorrhinum.

Crawlings in the face alternate with flushes and colic : asterias.

Crawling as of insects above the left mamma : antimonium tart.

Crawling in the spine as from beetles : aconite.

Crawling in the rectum as from worms : calcarea ost.

Crawling as of insects on the lips : borax.

Crawling over the scalp as from ants : baryta carb.

Crawling sensation in the abdomen : paladium.

Crawling sensation in the face : anacardium or., asterias, borax, cadmium sulph., camphora, lachnanthes, coccus cacti, laurocerasus, platina.

Crawling sensation in the skin : laurocerasus.

Crawling sensation in the stomach : arsenicum album.

Crawling sensation on the vertex : cuprum met.

Crawling upward in the throat causes cough : bryonia, drosera.

Crazy : Thinks she is going crazy : actea rac., ambra grisea, chelidonium, iodium, manzanilla.

Creeping chills : sensation as of creeping chills along the convolutions of the brain accompanied by a pricking sensation : abrotanum.

Creeping in the fingers : also while writing : aconite.

Creeping in the integument of the occiput as if the hairs were in motion : carbo veg.

Creeping in the larynx excites cough : antimonium tart.

Creeping on the face as from insects : croton tig.

Creep into himself : Sensation as if he would : cimex lect.

Cries after coughing : arnica, capsicum.

Cries and laughs alternately : aconite, hyoscyamus, ignatia, nux mosch., phosphorus, zizia.

Cries before the cough comes on : belladonna.

Cries even when thanked : lycopodium.

Cries suddenly and ceases crying just as suddenly : belladonna.

Cries when left alone, although she knows not why : natrum mur.

Crossed : Cannot sleep unless the legs are crossed : rhododendron.

Cross-eyed : Headache is better from looking cross-eyed : oleander.

Cross-wise : Fetus feels as if lying : arnica.

Croup : Head is bent far back in croup : aconite.

Left cheek bright red in croup : acetic acid.

Wants to cough but cannot : aconite.

Croupy cough and sciatica : alternation of : staphisagria.

Croupy spells : Seems to sleep into the : lachesis.

Croupy symptoms during whooping-cough : bromium.

Crowd : Fear of a crowded street : aconite, glonoine.

Crying : Feels like crying all the time but crying makes her worse : stannum.

Cruel : Feels like doing something cruel : abrotanum.

Crushed : Brains feels as if : ipecacuanha, phosphoric acid, sepia.

Crushed together : Temples feel as if they would be : caulophyllum.

Crush him : As if the houses on both sides would approach and crush him : argentum nit.

Crushing pain upon the head : amyl nit.

Crushing pain and stitches in the kidneys : anantherum.

Crushing weight across the forehead : glonoine.

Crying against his will : alumina.

Crying with the cough : antimonium tart., hepar sulphuris calc.

Curse and swear : Desire to is irresistible : anacardium orient.

Cutting across the abdomen better in the open air : aloe soc.

Cutting colic before stool : antimonium tart.

Cutting himself : Fear of cutting himself when shaving : caladium.

Cutting in the left and then in the right ovary : apis mell.

Cutting in the intestines during stool : aconite.

Cutting like knives in the hypochondria : argentum nit.

Cutting pain across the abdomen from right to left : lycopodium.

Cystitis : Children reach with their hands to the genitals and cry out : aconite.

PRIZES FOR DOCTORS ONLY.

MESSRS. A. G. SPALDING & BROS., New York, Chicago, Philadelphia, and Washington, are advertising extensively in the medical publications the Christy Anatomical Saddle.

The Christy is the pioneer in the anatomical saddle line, and Messrs. Spalding firmly believe they have without question the best bicycle sad-

dle on the market. In order to get from the medical profession their ideas on the Christy Saddle, that the same may be advertised extensively, they make the following offer :

They would like to receive from physicians an advertisement setting forth the good points of the Christy Saddle, showing the pelvis bones on the two saddles as used in all Spalding advertisements, and not to occupy a space of more than a half page, magazine size ; the competition to close April 15. First prize, \$50 in cash ; second prize, \$25 in cash ; third prize, \$10 in cash.

For every individual advertisement accepted and used one Christy Saddle will be sent to the physician submitting the same.

All communications and copies of advertisements submitted must be sent to the American Sports Advertising Agency at 241 Broadway, New York City, and at the sender's risk. Under no circumstances will advertisement be returned.

Book Reviews.

THE HOMEOPATHIC DIRECTORY, 1897, being a record of homeopathic physicians in Great Britain, and also a "quick" record of physicians of Continental Europe. With this is an extensive record of homeopathic pharmacies, societies, etc., in the same countries, books published there and elsewhere. The Homeopathic Publishing Company, of 12 Warwick Lane, Paternoster Row, London, E. C., issues the Directory for fifty cents postpaid. We are pleased to add that our rotund and jolly-natured friend Dr. Alexander Villers was associated in this work, thus giving a guarantee of the correctness of such parts as relate to Continental Europe at any rate. Who the modest "Member of the British Homeopathic Society" is who edits the Directory we know not. It is not a large volume, but concise and valuable. It reminds one very much of the combined labors of T. Franklin Smith and T. Lindsley Bradtord. One glaring characteristic is the modesty of the contributors to this directory. Some few use the privilege to its fullest limit in exploiting every little paper contributed—as was the fact in Bradtord's *Homeopathic Bibliography*; but the great majority of the truly great and celebrated men, like Hughes, Dudgeon, Clarke, *et al.*, are content to go forth to the world in modest equipment of honors and titles. We see no reason why so much contention was occasioned for so long a time concerning the ethics of such a publication. It is a directory as are all other directories, in-

tended for a specific use, and, we would say, perhaps of more use to pharmacists and journals and patent-medicine and book publishing companies than to the laity. So that that delicate medical magna charta is not in great danger of immediate fracture. Possibly a little more aggressiveness and not such extreme sensitiveness in some of the minor essentials of homeopathic practice would give the profession a more secure footing, and not endanger its extinction by the feeble extension of its tenets in England. With a few of our American homeopathic wheel-horses—or their congeners, in England, for a few years, a change would come over the spirit of the present profession. Cut loose, as some one said in the Congress, from the old school apron strings and walk for yourselves.

A MANUAL OF VENERAL DISEASES. By JAMES R. HAYDEN, M. D. 12mo, 263 pages, 47 engravings. Cloth, \$1.50. Philadelphia : Lea Brothers & Co., 1896.

"In this little volume, which is designed for the use of students as well as practitioners, the author has tried to give, in a clear and compact form, a practical working knowledge of the three venereal diseases, gonorrhea, chancroid, and syphilis, together with their complications and sequelæ. The history and statistics of these diseases have been purposely omitted, as not belonging to an epitome such as this book is intended to be." We quote this from the preface of this book. It covers the ground very excellently, for we found on reading here and there, that the work is most practical ; is couched in language most admirably free of technicalities, and pleasantly descriptive of the matter in hand. Dr. Hayden has given a very clever book upon an ultra-important topic, and has prepared it in a fashion that will appeal to everyone needing this work ; the illustrations given are well done and apropos of the matter. They are new, too ; which is pleasant for the reviewer of many books to contemplate. The prescriptions are, of course, of the old school order, but in many of them we note some great advances over the usual order of that school. There is a very evident conservative trend winding in and out in this little book.

A MANUAL OF CLINICAL DIAGNOSIS BY MICROSCOPICAL AND CHEMICAL METHODS. For Students, Hospital Physicians, and Practitioners. By CHARLES E. SIMON, M. D. 504 pages, 132 engravings, 10 full-page colored plates. Cloth, \$3.50. Philadelphia : Lea Brothers & Co., 1896.

"The application of chemical and microscopical methods in the determination of disease is authoritatively and clearly explained in this

volume. Dr. Simon has had the advantage of acquaintance with the best methods developed in European clinics and laboratories, and to this he has added the experience gained in private practice and in one of the largest and most advanced American hospitals. Readers of this work will find complete and thoroughly practical explanations of the diagnostic indications which can be obtained from the blood, secretions from the mouth, the gastric juice and contents, the fæces, the nasal secretion, the sputum, the urine, transudates and exudates, cystic contents, meningeal fluid, semen, vaginal discharges, and the mammary secretion, so plainly set forth that the practitioner or student who has not had special training in such manipulations may nevertheless be enabled to obtain satisfactory results. The work is abundantly illustrated with engravings and full-page plates in colors." We copy the foregoing from a letter accompanying the book; because we find the statements made to be correct and so much better stated than we could have made them. In addition we desire to say that Lea Brothers have produced a handsome book, which is well illustrated and well printed.

STATE HOSPITAL BULLETIN, being a quarterly report of clinical and pathological work in the State (of New York) hospitals for the insane, of date October, 1896, lies upon our table. It contains a number of instructive reports, and in especial a paper on epilepsy, which commends the *Bulletin* to the fraternity. We note with pleasure that Selden H. Talcott, M. D., is of the editorial committee.

Globules.

Sir?

C'est bien.

And one woman.

College war on in Michigan.

Now bring out your mortar board and mother hubbard for re-union purposes.

Also that speech which has done service several times before at the faculty banquets.

Dewey has his war paint on. If others of his party were as active and aggressive there wouldn't be the shadow of a doubt of the school staying on the Ann Arbor campus.

And Fisher hasn't been heard from for some time—not since the *Denver Journal of Homoeopathy* mentioned his presence at Denver some little time before.

Like Homer of old more than seven cities

seem to be striving each with the other for a future home and practicing place for C. E. Who makes the first bid?

If the Michigan "Removers" want to keep this journal posted on matters and things in the Legislature, we would respectfully suggest that they do not send us a daily newspaper five days old. Besides, a postal card is cheaper.

A few days since we received by mail a neatly prepared booklet exploiting some patent medicine for bronchitis, and, most marvelous to relate, among its certificates and letters of recommendation we found none from the ministry! What does this portend? That clergymen's certificates are becoming a drug in the market and no longer "go"?

We indulge the hope that some day, and ere long, we may receive a copy or two of the *Homoeopathic News* without having it marked "Sample Copy," since it has been coming regularly every month for years. What is the "idea" in this marking of "sample copy" on a regularly mailed periodical any way?

In the editorial "Professional Wages" appearing in our February 15th issue, the lawyer should have been located in Cleveland and not in Chicago. And for obvious reasons.

MacLachlan has several bills before the Michigan Legislature to take the college off the campus and transfer it to Detroit. It one bill does not succeed perhaps some other one will. Keep a-hammerin'!

If the removal is successful and the college goes to Detroit, what a scramble there will be for place in that new college. And one woman!

Many who signed the MacLachlan bill are now deserting and coming over to the Dewey forces, so we are informed, not by a five-day-old newspaper. Behold how good and how pleasant it is for brethren to dwell together in unity, etc.

The bubonic plague, we are assured by an expert, has no relation with the just every day ordinary bubo.

The French brethren do not wait till the end of the meeting before appointing honorary members to its society.

Don't fail to employ a deep-mouthed and non-cat-killing clergyman to deliver the faculty address. The average faculty has not brains enough to do the faculty-address-business. Sir?

Be sure, also, to put in that old-maid enthusing line in your next annual catalogue about the superior advantages granted your college by the Y. M. C. A. It tickles the old ladies and amuses the children.

A female—using that word advisedly—a female teacher in one of the Cleveland Public Schools, chloroformed and dissected a living cat before a class of girls to illustrate some point in biology.

A corresponding membership in a foreign medical society does not of necessity carry with it an unusual ability to do correspondence. More often it has its basis in a good mouth-piece.

The American Institute of Homeopathy meets this year at Buffalo. A rousing meeting is promised.

Under Deschere the *Materia Medica* Section of the Institute will this year be a wonderfully interesting affair. Are you in it?

The local committee at Buffalo make the novel announcement that if one does not care to pay five dollars a day at the headquarters hotel, he may go to—some other and cheaper place.

We know of but one homeopathic medical college which honors itself and the scheme of co-education by having more than one woman in its faculty. Why keep up this lame pretense any longer?

Only one homeopathic college keeps up that fourteen day post-graduate school with its new diploma and banquet. Isn't it about time to guess up something else to keep in the professional and lay eye?

Bugteriology is not so rampant as it was this time last year. What will next be imported from the Teutonic fastnesses, vormal Haengt am Galgen, Farben Fabrik, Schwindelchel & Co., New York, sole agents?

Delap of the *Medical Arena* is after the Missouri State Board of Health. If current reports are correct concerning the inefficiency and impertinence of this Board then we say give 'em—blazes. They've got no friends.

Minnesota has developed the new industry of "medical coaches." Expectant applicants for permission to practice in one of the milk and honey localities of this benighted State put themselves in the hands of such "coach" for a consideration, hoping thereby to overcome some of the darn-fool-ideas of that State board of examinations.

What Minnesota seems to lack is a really stringent board of examiners who will "raise the standard" so high that it couldn't be touched with a forty foot pole. Then the present practitioners would be safe for a good many years within these sacred preserves.

And the pharmacy company, with no self-laudatory ends in view, might shout itself blue in the neck before it would get any of the thousands of out-of-a-job doctors of the United States to bite at this glittering bait.

A wise move, indeed, was that cutting down the Institute "Transactions" by the Executive committee, but what profiteth it the Institute if it cut out fifty pages on the one hand of Institute proceedings and add one hundred on the other hand in the form of *Materia Medica* Conference speeches?

Eugene F. Storke, the mild, gentle, and yielding temperament of days past, has not been found nor heard from. Fears are now entertained that he has gone over to the Great Majority.

The French brethren do not seem to think it a good cause for being appointed to its society, if the appointee has stayed at home and mailed his contribution to the congress.

Now is that season hallowed by associations with commencements of the graduate in medicine. Celluloid collars and high-water trousers will now give way to the mortar-board and mother-hubbards.

Dr. E. H. Porter, editor of the *North American Journal of Homeopathy* and General Secretary of the American Institute of Homeopathy, has been made an honorary member of the French Homeopathic Medical Society. A most excellent appointment!

Medical Visitor man seems to think that tobacco has its uses no less renowned than those of coffee and tea.

The preacher-fellow in Michigan who killed two cats in his pulpit one Sunday recently, to show the awful wickedness of tobacco-using, has not been heard from since.

The typhoid fever germ scare in Cleveland has boomed the filter business. Which moves us to say that there are several ways of killing a cat, besides trying fatality-inducing experiments in the pulpit or school-room, when you want to make the dear people vote for an appropriation out of their own pockets with which to build costly filtering works.

Nine *regen wurms* in a glass of beer, it was told this writer, taken at one full swoop, is an infallible remedy for yaller jaundis—but it spoiled the beer.

The other doctor told her that she had ammonia of the lungs, and unless he could shrink them she would never get well again, alretty.

She believed him. The chief shrinkage was in the purse.

The Institute Press Committee might as well be blue penciled for all the good it accomplished. At Detroit (and doubtlessly the same will hold good at Buffalo) no attention was paid to the Institute Press Committee by the local committee's press committee. We have been and are chairman of that Institute Press Committee and know that it is a useless appendage. Lop it off!

Leach, the Man from Texas, goes soon to Minnesota to beard the medical examination board in its lair. If he can break into the sanctity of the medical paradise of that State he will prove a valued and valuable addition to its profession. Perhaps if he could administer a dose or two, *not* too high, of his arsenic to certain rule-or-ruin officials there might be some hope for the medical profession of Minnesota.

Someone has noted that the chairman of the Mothers' Congress is a "Miss." Which reminds us that a good many Misses are midwives and some are doctors. What has that to do with it? Can one not describe a murder without having first filled a small cemetery with anti-toxin experiments? In Cleveland we read a sign the other day with a legend thereupon something after this fashion:

MARY A. SMITH, M. D. AND MIDWIFE.

Dr. R. B. Carter of Akron, and Secretary of the Homeopathic State Society of Ohio, in pursuance of his usual tactics is stirring up each member of his society with a sharp stick, reminding of the oncoming annual meeting; exacting and extracting promises to be present and partake of the symposium to be spread before the members. This year, in addition, the State society meets in Carter's town, and he is, therefore, more than ordinarily diligent to bring the profession there. Well, good luck go with him and his efforts.

We note with pleasure the first appearance with the new year of the *American Medical Journalist*, a monthly for medical editors. It is edited and published in St. Joseph, Mo., by Dr. Charles Wood Fassett.

Dr. S. Weir Mitchell predicts that the inebriating mescal button (*anhalonium lewinii*) will prove a perilous rival of cocaine and morphine for habitues when it becomes better known and more easily procurable.

The preliminary announcement of the fourth annual meeting of the Missouri Valley Homeo-

pathic Medical Association, which will be held at Iowa City, Ia., about the first of October, 1897, is at hand.

The trunk of the middle meningeal artery runs along the anterior lower corner of parietal bone about one and one-half inch behind external angular process of the frontal, and one and one-half inch above zygoma. — *Denver Jour. of Hom.*

Now this is really alarming! Why should this particular trunk take on so like sin and cut up such unseemly didos? We always supposed that this particular trunk ran along the posterior sulcus of the femoral vein, not quite an inch and a half from the frontal commissure, a little to the left and hind side of the patellar reflex. But here in this quoted instance this middle meningeal artery seems to be striking out a new tangent, causing wide and wild devastation and ruin in its wake; besides—Sir? No, our latest student has our one copy of Gray, so we can't verify our anatomical reminiscences. But if the meningeal artery always runs along the anterior corner what was the need for publishing it, thus derailing our serenity? No, sir! Until we can refer to our Gray and read up this artery we shall regard the publication of this item by our esteemed and learned editors of the *Denver Journal of Homeopathy* as a rare bit of news meriting a prominent place in our journal. If not, what's the use of having five editors and one business manager?

Four cases of neuralgia cured with magnesia phos. 30x are reported by Dr. Charles C. Huff of Homestead. In all four cases the neuralgia was facial, right-sided, the pains were cutting, lightning-like, paroxysmal, relieved by dry heat, aggravated by cold air. The relief was so prompt in each case as to leave no doubt but that the medicine was the curative agent.

Dr. Huff recommended magnesia phos. in menstrual colic when the pains were paroxysmal, darting, knife-like, and relieved by heat.

A refined, educated widow with high references, desires a position as housekeeper or office assistant to a physician. Compensation not considered if permitted to have with her child three years old. Address XX, care Mr. A. L. Chatterton.

The American Homeopathist.

Issued Twice a Month.

This Journal is published for its subscribers only, and has no free list. Sample copies are never sent. Subscriptions are not discontinued until so ordered. What is not right will always be made right cheerfully and without question.

A. L. CHATTERTON & CO., Publishers,
New York.

The American Homeopathist.

NEW YORK, APRIL 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



CHARLES MOHR, M. D.,
Philadelphia, Pa.

A WORTHY APPOINTMENT.

WE are pleased to report that our esteemed friend, brother-editor, and officer of the American Institute of Homeopathy, Dr. E. H. Porter of New York, has been made an honorary member of the French Homeopathic Medical Society. We know of no one, at this present moment, upon whom this honor could more worthily have been bestowed by our gallant French brethren. Dr. Porter is an educated gentleman and physician, an able writer, a ready and forcible debater, a popular teacher, and over and above all, a true friend. This appointment is in such striking contrast with the

appointments made during the closing months of the year last past by a sister society that the temptation to point out the difference has been many times strong upon us; and only a personal regard for some of the appointees has restrained our pen; we presume, however, that the sister society above referred to has its own reasons and methods for appointing corresponding members, and that, like kissing, some of these seem to go by favor rather than by merit.

* *

THE French Society—by not waiting to make this excellent appointment until after our genial brother had been with them, or judging him by the historic and classic locality in which he lives, or rating him by some book of poems he had collated and edited and fattered, or some profound and prosy paper he had contributed *by mail* to the Society, or making the appointment ostensibly in commemoration of some event more or less loosely connected with the appointive society—has earned for itself a greater meed of honor, and entitles it to a still larger place in the affectionate regard of all American homeopathic physicians and friends of Dr. Porter—these latter numbering upward of fifteen thousand souls. We feel confident, too, that the French Homeopathic Medical Society, having taken this praiseworthy initiative, will do many other acts at its forthcoming Homeopathic Congress to bind it yet closer and more lovingly to the great American heart.

* *

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AND, *per contra*, among the things it will NOT do will be the appointment of absentee foreigners to honorable distinction, distinctively and offensively ignoring those of the profession of an equal celebrity who had traveled weary stretches o'er land and sea, though some of these latter had presented and defended valuable papers at the congress. Nor will the French brethren inveigh by indirection, if not in purposed slight, against such present and paper-presenting and defending but honorable members—among whom there may be angels unawares: *i. e.*, editors, ex-editors, teachers,

bookmakers, physicians versed in languages other than the mother tongue, well-traveled, educated, and gentlemanly, and such inveiglement presumably because unlike other of their attending and subsequently honored compatriots), in the hurry of packing that steamer trunk, they had failed to include with the claw-hammer suit and enameled boots the gift of perennial eloquence; and had, also (by a strange and unhappy thoughtlessness), failed to put in that garret-hung stocking filled with aurum-atic counterparts of the foreign-gold, in order to have 1 s. to pay £2 sterling per day and upward for hotel and incidental accommodations and entertainment.

* * *

NOW if the French Homeopathic Medical Society wishes to add still more to its laurels, and thereby become yet more popular with its American confrères, and the power so to do lies in its hand, we would respectfully suggest to Brothers Léon Simon and François Cartier, and others, that they have Dr. E. H. Porter of New York, editor of the *North American Journal of Homeopathy*, appointed an official of the Sixth International Homeopathic Congress. And we will go bail that the French brethren will never have a moment's occasion to regret the latter appointment any more than they will the former.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Blatta Americana AS A DIURETIC.—Dr. Joseph Adolphus,²⁸ in a discussion of a few valuable diuretics, gives high praise to the infusion or tincture of cockroach. He claims that it will excite the kidneys to work when all else fails. It is the best-adapted remedy when the urine is suppressed through some peculiar influence on the nervous system. It is his opinion that it exercises some decided influence on some part of the nervous system, through which its remarkable diuretic influence is made manifest. He refers to its popular use in Russia for suppressed urine, and to the use of the same drug in India for asthma, citing a case of the latter disease greatly alleviated by tincture of the *Blatta Orientalis*.

Mezereum ON THE SKIN.—Dr. Hoyne¹⁷ thus details the symptoms produced by rubbing the cheeks with fresh leaves of mezereum.

"The symptoms appeared in this order: violent burning, itching in the skin, necessitating scratching; pricking as from lice crawling on the scalp, above the eyebrows, in the outer ear, on the left ear lobe, often over the entire body; there appeared to be no difference as to the times of the day; slight itching is relieved by scratching; when the exudation is deeping seated the itching only disappears when scratching is kept up till the blood comes; warmth increases the itching and the evening favors it; it comes in spots, especially where the adipose deposit is scanty; the eruptions scale off—that is, those that merely affect the epidermis; where the exudation lies deeper real pustules form, with an oily, sticky secretion, from which scabs are developed; there are, too, under mezereum, papular, squamous, bulbous, and pustular eruptions; the scaling off occurs in lamellæ; scrofulous exanthems are not within the range of its action; the feeling of coldness over the entire body or on single places without a change of temperature is characteristic; with this there is no desire for warmth nor any aversion to cool air; the sensation of coldness is accompanied by thirst, which finds its explanation in the fact of the lessened quantity of fluids in the body, owing to the serous discharge.

"This remedy is particularly useful in the pruritus senilis of lean persons; the hairs of the scalp bristle, being elevated by the *erectores pili*."

Indications for its use were then summed up:

Remember that mezereum is always indicated in skin diseases characterized by unbearable itching, increased when scratched or when undressing; thick crusty masses covering the scalp and face; dirty, chalky look of portions of the scalp; pus forms freely under the crusts; pus often ichorous in character; child scratches until the parts bleed. These symptoms may be accompanied by an offensive diarrhea. Itching occurring in the evening in bed and changed to burning by touch or scratching. Sensitiveness to touch; constant chilliness.

Also on ulcers with an areola, sensitive and easily bleeding, painful at night—the pus tends

to form an abundant scab, under which a quantity of pus collects. (Merc., asaf.)

COMPLETE BLINDNESS CAUSED BY A VERMIFUGE (MALE FERN).—Massius³⁷ reports two cases of amaurosis caused by the ethereal extract of male fern. Grosz has reported another, as follows: A cabinet-maker, twenty-nine years old, had complained of pains in the stomach for several months. He was treated for these, but without success. Finally, he went to a drug store and asked for something for tapeworm. The druggist gave him some capsules, each containing 25 centigrams of male fern and an equal amount of pomegranate rind. The patient took 32 of these capsules and some castor oil. In the evening he began to feel ill; the next day he had diarrhea and became unconscious, while by the following day he was completely blind. He then consulted a physician, who found complete mydriasis and amaurosis, with a normal fundus. Eight days afterward an atrophy of the optic nerve was present.

The toxic action was due to the extract of male fern, which causes mydriasis, amblyopia, amaurosis, and, sometimes, blindness. The toxic dose varies from 4 to 45 grams, depending upon the freshness of the preparation, the rate of absorption in the intestines, and also on the presence of castor oil. Experiments upon animals have shown that castor oil favors the absorption of male fern. In one case, given without the oil, it was quite harmless; when the oil was added, half the previous dose caused the animal's death. The author urges that the sale of vermifuge medicines should be forbidden without a physician's prescription.

Apioline IN DYSMENORRHEA.—Dr. Leon Garner³⁸ reports the following two cases of the use of apioline, the active principle of parsley, of which the homeopathic preparation is petroselinum. They suggest the desirability of enlarging our provings of this valuable drug, for they as yet contain no symptoms in the sexual sphere.

CASE I.—Miss L., age nineteen, came with a history of irregular menstruation; for past three years it had occurred at periods of from three to six weeks, the flow is scanty and is accompanied by intense abdominal pain in the region of the ovaries and tubes; the pain being so severe as to cause attacks of syncope, followed by headache.

The case appeared to be one of acute amenorrhea, and apioline was exhibited, in doses of one capsule morning and evening, for two weeks, when menstruation occurred. To her surprise and gratification the discharge was profuse, accompanied with but slight pain, no syncope or subsequent headache. The last two periods have been normal.

CASE II.—Mrs. J. F. B., aged thirty eight; menstruation regular every twenty-nine days, accompanied with such severe pain that she had to remain in bed for two or three days each time. Apioline administered in one capsule after each meal. At the first period the pain was less severe, in bed only one day. At a second and subsequent period, menstruation was almost painless. Here we see a well-marked case extending over a period of fifteen years, making a complete recovery from the use of apioline.

Resorcin A SEDATIVE.—Dr. W. Hartman, a ship physician on a Hamburg steamship, claims in *The Big Four* that resorcin is a very reliable anti-emetic.

In seasickness, he prescribed resorcin *ix*, a 5-grain tablet every hour, twenty-four hours before going on board, and continued the first day out on the ocean, with most invariable happy results.

In vomiting following continued straining in whooping cough, again the *ix*, but a 1-grain tablet every fifteen or twenty minutes till 5 or 6 are taken, and in this malady also never failing to quiet the stomach.

He uses the same drug in cholera, pregnancy, and peritonitis for vomiting. Pushed to larger doses it becomes hypnotic, while its antiseptic properties are well known.

Ergot TO ANTICIPATE POST-PARTUM HEMORRHAGE.—Dr. Lombe Atthill³⁷ discusses the use of ergot in combination with strychnine during the last weeks of gestation, by women having a tendency to post-partum hemorrhage, and cites cases in its support. He arrives at the following conclusions:

1. That when administered previous to the termination of pregnancy in the case of women in whom a tendency to post-partum hemorrhage is known to exist, it tends in a marked manner to prevent the occurrence of hemorrhage.

2. That when so administered in ordinary doses, it does not produce any injurious effect

on either mother or child, and that its exhibition seems to delay the commencement of labor in such case.

3. It tends to make the involution of the uterus more perfect, and lessens the chance of the occurrence of subsequent uterine troubles, many of which depend for their cause on imperfect involution of that organ.

4. It will not bring on premature labor or induce abortion unless uterine action has previously been set going.

5. In cases of threatened abortion its administration frequently seems to act as a uterine tonic, and in some cases tends to avert the danger of a miscarriage, provided the ovum be not blighted.

6. That if the ovum be blighted, and specially if it be detached, ergot usually hastens its expulsion.

Sparteine Sulphate IN CHLOROFORM ANÆSTHESIA.—G. G. Cottam³⁸ says that fatal cardiac syncope occasionally occurs during the initial stages of anæsthesia; and in prolonged operations, or in operations upon debilitated subjects, marked depression, shown by diminution of pulse-volume and increased rapidity of the beat, is of comparatively frequent occurrence.

To find an agent capable of preventing this depressing influence of chloroform, has long been a desideratum. Digitalis, alcohol, and strychnine have been used with varying success, but not sufficient to justify habitual use for the purpose specified.

About a year ago the writer began using sparteine sulphate. Encouraged by the very positive results yielded thereby, he has employed it in a number of surgical cases, the beneficial effect of the drug being clearly shown in almost every instance. He claims when sparteine sulphate is administered hypodermically before the commencement of anæsthesia, in the dose of one-tenth of a grain, repeated according to the nature of the operation and the condition of the patient, we have a safe, efficient, and prompt heart-stimulant in chloroform narcosis. It is not necessary either to combine it with morphine nor to employ a large dose; and, other things being equal, there is less shock and quicker reaction with its use.

Chaulmoogra Oil.³⁹—This oil has long been known to India and China, and there valued as a remedy for skin and other diseases resulting from impure blood, including secondary syphilis; and, compared with the mercurial products, it has the advantage of not being injurious. On the Isle of Mauritius it is considered the only reliable remedy for leprosy. Its healing properties are specially noteworthy in consumption—where the patient has not been too much reduced the oil frequently effects complete cure, and moreover may be used both internally and externally. It is also used for boils, wounds, and external eruptions. It may be given in doses of from three to four drops three times daily after meals, preferably in capsule; and the dose may be increased gradually as demanded. Phthical cases can take it in conjunction with their cod-liver oil, or a little warm milk. It has proved very valuable in acute and chronic rheumatism, cancer, scrofula, psoriasis, syphilis, bronchitis, sprains, stiff limbs, leprosy, etc. During its administration, however, smoking and indulgence in all pungent and sweet things should be avoided.

Calcium Chloride FOR HEMOPHILIA.—Dr. J. Clifford Perry,³⁸ in citing a case relieved promptly by this drug after all the usual treatment had failed, discussed the investigation by Dr. E. A. Wright of its value. Dr. Wright based his investigations on the physiologic fact that a certain per cent. of calcium salts is necessary for the coagulation of the blood. By the administration of chloride of calcium in 1-gram doses 3 times a day, the time required for coagulation was reduced from its original 9 or 10 minutes to $5\frac{1}{4}$ minutes. The normal time is $2\frac{1}{2}$ to 5 minutes. If used in large doses for a long time, this agent is not effectual in keeping up a permanent increased coagulability.

He reports the following interesting case of hemophilia; a child four years of age received a fall, and in doing so injured the frenum of the upper lip. The bleeding was so profuse that the child's life was endangered, and as the blood showed no signs of coagulating, a dose of calcium chloride was administered, and in three hours the blood commenced to clot. A firm coagulum formed and the hemorrhage was arrested. As the bleeding recurred several times,

the action of the calcium salt was supplemented by the inhalation of carbonic acid with a beneficial result.

From this and his own case Dr. Perry urges the use of the physiologic styptic, chloride of calcium, in bleeding of a true "bleeder."

Hydrocyanic Acid AN ANTIDOTE TO CHLOROFORM.³⁴—Mr. Frederick Hobday of London, having observed that the respiratory center was usually paralyzed first when death occurred during chloroform anæsthesia, thought that hydrocyanic acid might prove of service as an antidote where the breathing was becoming shallow and weak, on account of the rapid and powerful temporary exciting effect this drug exerts on the respiratory center. He administered hydrocyanic acid successfully in thirty-one cases of chloroform poisoning in animals, mostly dogs, though some were cats, and the list includes also one calf, one sheep, and one horse; the cases were those in which during anæsthesia the breathing either stopped suddenly or became gradually slower. The hydrocyanic acid was administered in some cases hypodermatically, in others was placed on the tongue. The good result was generally manifest in a very short time—half a minute to two or three minutes—the respirations being resumed and becoming strong and regular. In some of the cases, owing to the dose of hydrocyanic acid being rather large, the breathing became labored, when the administration of chloroform was resumed, so that a balance could be kept up between the toxic effects of the two drugs.

These observations lead fairly to the conclusion that hydrocyanic acid is of value as an antidote to chloroform, its beneficial effects being due to its property (when given in certain doses) of rapidly and violently stimulating and exciting temporarily the respiratory and cardiac centers, and so counteracting the depressant and paralyzing effects. The drug should be placed on the back of the tongue or injected hypodermatically. In all his cases Scheele's acid was used, and he prefers it to the B. P. acid on account of its greater strength and consequent rapidity of action. For animals he considers one minim of Scheele's acid for every seven or eight pounds of body weight to be a fair average amount. It is well not to be too anxious to administer a second dose till perfectly sure the first has been futile.

INTERMITTENT FEVER.*

By P. C. MAJUMDAR, M. D., Calcutta, India.

THE whole range of the medicinal resources of our materia medica is to be brought into requisition in the successful combating of this fever; some peculiarities of the case, some epidemic influences, and some other circumstances of the patient require great modification of remedial measures. Often a characteristic symptom is all sufficient for a cure; sometimes the pathological lesions are to be attended to, and everything goes right. But generally the whole range of symptoms and signs are to be hunted after for a proper selection of a remedy. Generalization and individualization are both to be remembered for the proper and successful solution of the problem. Of all diseases, it is in intermittent fever that our greatest reliance lies upon strict individualization of the case.

Of all the remedies for intermittent fever, as foremost and first stands cinchona and its alkaloid—quinine, the chininum sulphuricum of our nomenclature.

Quinine is no doubt a grand remedy in the treatment of intermittent fever, and particularly that of malarious origin. We say it is a grand remedy, not in the allopathic sense, but because uncomplicated, simple cases of intermittent fever are easily managed by even infinitesimal doses of quinine. But, like other remedies, it has its limitations, its adaptability, and its homeopathicity.

We are often told that in acute cases we cannot effect a cure without quinine in big doses. This idea is cherished by many even in our own ranks. This seems strange to me; for on the contrary, acute cases are easily amenable to properly selected homeopathic medicines. We have repeatedly observed how miserably quinine fails to check the paroxysms of fever, and we homeopaths cure with minute doses of attenuated remedies truly homeopathic to the case. The way in which quinine is indiscriminately given in all cases of ague, and its injurious effect on the system, lead the people of this country to shudder at the idea of taking it. But there is a charm in quinine, and therefore people are

* Presented to the International Hom. Congress, London, 1896.

led to take it, even knowing full well the after consequences. This charm consists in the rapid suppression of the paroxysms. It is exactly like diarrhea suppressed by opium. What happens next? and that is the question upon which all rational physicians should ponder.

Hahnemann, in his introduction to china in his "*Materia Medica Pura*," writes: We find, on a consideration of the symptoms of china, that this medicine is adapted for but *few* diseases, but that where it is accurately indicated, owing to the immense power of its action, one single very small dose will often effect a marvellous cure.

"I say cure, and by this I mean a 'recovery undisturbed by after sufferings'; or have practitioners of the ordinary stamp another, to me unknown, idea of what constitutes a cure? Will they, for instance, call cures the suppression by their drug of agues for which bark is unsuited? I know full well that almost all periodic diseases, and almost all agues, even such as are not suited for china, must be suppressed and lose their periodic character by this powerful drug, administered as it usually is in enormous and oft-repeated doses; but are the poor sufferers thereby really cured? Has not their previous disease only undergone a transformation into another and worse disease, though it may no longer manifest itself in intermittent attacks recurring periodically; but has become a continued and, we may say, a more insidious disease by this very powerful and in this case unsuitable medicine? True, they can no longer complain that the paroxysm of their original disease reappears on certain days and at certain hours; but note the earthy complexion of their puffy faces, the dullness of their eyes! See how oppressed is their breathing, how hard and distended is their epigastrium, how tensely swollen their loins, how miserable their appetite, how perverted their taste, how oppressed and painful their stomach by all food, how undigested and abnormal their fecal evacuations, how anxious, dreamt of, and unrefreshing their sleep! Look how weary, how joyless, how dejected, how irritably sensitive or stupid they are as they drag themselves about, tormented by a much greater number of ailments than afflicted them in their ague! And how long does not such a china

cachexy often last, in comparison with which death itself were often preferable! Is this health? It is not ague, that I readily admit; but confess—and no one can deny it—it is certainly not health. It is rather another but a worse disease than ague. It is the china disease, which must be more severe than the ague, otherwise it could not overcome and suppress (suspend) the latter."

For the following symptoms of intermittent fever cinchona is used: "Rigor or shuddering over the whole body, without thirst; the forehead is hot and the limbs are cold; during heat no thirst, only dry lips; dry heat all the day long; very great thirst for an hour, and thereafter a burning heat all over the body; unquenchable thirst during the chill and heat of an ague; debilitating sweat at the end of the febrile heat; general profuse sweat."

These are the guiding symptoms. Relying strictly on these symptoms we can effect a rapid, safe, and permanent cure. We have treated quite a number of cases, sometimes even with the 30th potency, with great benefit.

If we rely strictly on homeopathic indications of this drug we are sure of success, otherwise waste of time and decline of health result.

Among other remedies for intermittent fever *natrum muriaticum* holds a high rank. In truly malarious fever the place of *natrum muriaticum* is unique. Fever at noon, generally from 9 to 11 A. M., hard chill, great thirst for large quantities of water, headache intense during heat, longing for salt food, profuse sweat and complete apyrexia, only languor and debility left after fever. Spleen and liver enlargement, and obstinate constipation, are most common. I have myself cured several very obstinate cases with this remedy alone. Pernicious fever, and fever with a complete picture of anæmia, are often benefited by it.

Our next great antipyretic is arsenic. Its sphere of action is very extensive. Like quinine, it is also abused by our old school physicians. Fever at all times, irregularity in the appearance and succession of the paroxysms, one or the other stage is absent or very faintly present; chill is generally absent, the hot stage is very intense, burning of the whole body, thirst during heat, drinking often and a small quantity at a

time, great restlessness and profound prostration. Apyrexia is incomplete and never free from symptoms. These are the true pictures of the arsenic fever. When liver and spleen are enlarged and painful, œdema of extremities, perfect anæmia and even cancrum oris are present, arsenic is our great help. Pernicious fever is often combated by this remedy.

In very chronic cases of fever, maltreated with big doses of quinine, arsenic is indicated.

Nux vomica covers a large field of fever and ague cases. Its sphere of action is quite large. In chronic and intractable cases nux clears the way for a perfect cure. I am in the habit of using it in almost all cases coming from allopathic hands. Morning fever, with chill and thirst during heat, sweat not very profuse, apyrexia complete. Fever with anticipating type having gastric disturbances is often promptly cured by this medicine. Pernicious intermittents are also benefited by it. Constipation or diarrhea may be present.

Ipecacuanha is next to nux in its importance in intermittent fever. Constant nausea and vomiting are its characteristics. I often observe that Jahr's recommendation of commencing the treatment of intermittent fever with ipecacuanha is very true indeed. It is a very valuable hint.

In bilious cases, with bone pains, vomiting of bile, thirst during all stages, especially before chill, eupatorium perfoliatum stands on a high level. In some epidemics, eupatorium suits the genus epidemicus.

Besides those already mentioned, which I think the prototypes of fever remedies, I observe the frequent usefulness of the following: arnica, gelsemium, bryonia, belladonna, rhus tox., silicea, calc. carb. and calc. ars., sulphur, apis mel., cedron, ignatia.

When the cases have been protracted and maltreated with allopathic medicines a state of phthisis commences. In these cases silicea high is our great help. This remedy is often neglected by homeopathic physicians as a fever medicine. Its indications are clear and unmistakable. When fever assumes a double type it is our great help. It is pre-eminently a remedy for hectic.

Another remedy which I find very useful in intermittent fever and its concomitants is ferrum

arsenicum. Though not a proved medicine, its curative power in intermittent fever is very great. When intermittent fever assumes a remittent type, when the patient is much prostrated by the intensity of the fever, when anæmia is perfect with swelling of the hands and feet and puffiness of face, when the spleen is enormously enlarged, and obstinate constipation results, ferrum arsenicum is indicated.

As regards dose I have to say very little. It is generally accepted among the homeopathic physicians that higher potencies are best suited in intermittent fever. That some medicines are given in low potencies with benefit there is not a doubt. Those deep-acting remedies are always best in their higher attenuations. Doses must not be repeated too often, or during the commencement or height of the paroxysm. They must be exhibited at the end of the paroxysm or during an apyrexia. One drug during the height of fever and another during the apyrexia is completely irrational practice, and leads to frequent failure. It sometimes produces dangerous results. Study cases diligently, and pursue the advice of Hahnemann completely, and a crown of success will be the result.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 81.)

COLIC—Continued.

tympanitis: carb-v., chin., colch., coloc., lyc., nux-v., sulph.

vomiting: ars., cham., cocc., coloc., lyc., nux-v., puls., verat.—with **nausea:** dig., puls., verat.—*of **acrid substances:** iris.—*of **slimy substances:** cham.—*of **sour food:** cham.

waterbrash: bryo., nux-v., sulph.

weakness and syncope: ars., carb-v., coloc., verat.

Agg. bending double: dios., tart. e.—* **forward:** sulph.

change of position: coloc.

contact: ars., bell., carb-v., cham., cocc., coloc., lyc., merc., nux-v., phos., puls., sulph., verat.

eating: chin., colch., coloc.—*the least food: carb-v., coloc., lyc.—*flatulent food: bryo., chin., lyc., puls., verat.—*fruit: verat.—*sweet things: ign., sulph. (v. causes).

exercise: nux-v., puls.

intervals, at: dios.

lying down: dios., phos., puls.—*on the back or side: lyc.

milk, from: bryo., carb-v.

meal, after a: ars., carb-v., cham., chin., coloc., lyc., nat-m., nux-v., phos., puls., sulph., zinc. (v. causes).

motion: bell., ipec., merc., nat-m., nux-v., puls.—*least: carb-v.—*beginning to move: gels.

pressure: (v. contact).

rest: puls., zinc.—recumbent posture: lyc., phos., puls.

rising from a recumbent posture: coloc.

sitting: puls.

standing: bell.

stool, after: nux-v.

straightening: coloc.

treading: bryo., nux-v.

turning from one side to the other: cocc.

walking: alum., bell., chin., ign., nux-v., sulph., verat.

wine: zinc.

morning: bryo., cham., nux-v., phos.—

*in bed: nit-ac.—*at sunrise: cham.

evening: ars., bell., chin., lyc., merc., phos., puls., zinc.

night: ars., bell., bryo., cham., chin., merc., nux-v., petr., phos., puls., sulph., zinc.—*after midnight: cocc., merc., puls.

Am. bending double: bell., caust., chin., colch., coloc., lyc., nux-v., sulph.—*backward: bell., nux-v., sulph.—*forward: coloc., mag-c.

clothes.—*warm: cham.—*wet: nux-m.

eructations: asaf., carb-v., cocc., lyc.

flatus, emission of: aloec., asaf., bell., carb-v., coloc., ign., lyc., nat-m., nat-s., nux-v., verat.—*up and down: carb-v., gels.

kneading, the abd.: nat-s.

lying: caust., merc., nux-v.—on the abdomen: coloc., phos.

meals, after: bryo., chin., ferr.

milk, hot: cro-t.

motion, continual: gels. (v. walking).

pressing abd. against corner of table: coloc.

pressure, external: alumen., bell., coloc., nux-m., zinc.

rest, at: ipec.—recumbent posture: merc.

rising from sitting: dios., puls.

sitting: nux-v.—erect: gels.

stool, after: aloec., coloc.—hard: carb-v.

stretching: dios.

tobacco, smoking: coloc.

walking: dios., puls.

warmth, external: alum., am-c., ars., canth., nat-c., sil.—clothes: cham.

wet clothes: nux-m.

Cs. acids: bryo., ipec.

air, evening: merc.

bath: nux-v.

beet, new: chin., lyc., puls.

cabbage (v. food).

coffee, abuse of: cham., cocc., coloc., nux-v.

cold, a: cham., carb-v., chin., coloc., dulc., merc., nit-ac., nux-v., puls., verat.

cold drink: ipec.

constipation: nux-v., sil.

emotions, violent (anger, etc.): bryo., cham., cocc., coloc., nux-v., sulph.

exposure to wet and cold: puls.

fats (v. food).

feet—wet: puls—wet and cold: coloc.

flatulence: aloec., asc-t., carb-v., coloc., lyc.—*incarcerated: chin., con., k-carb., lyc., nux-m.

food—*cabbage: bryo., chin., lyc., petr.—*cheese, spoilt: ars., bryo.—

*cold: ars., lyc., nux-m., nux-v., verat.

—*eggs: colch., ferr.—*fats: asaf., carb-v., colch., ferr., ipec., nux-v., puls.

—*fish, stale: carb-v., puls.—*flatulent: bryo., carb-v., colch., chin., lyc.,

petr., verat.—***fruits** : ars., *bryo.*, *chin.*,
ipéc., *puls.*, verat.—***iced** : ars., *ipéc.*,
puls.—***legumes** (beans, peas, etc.),
bryo., calc., *lyc.*, petr.—***meat** : colch.,
 ferr., *puls.* ; **putrid** : carb-v., *puls.* ;
smoked : calc., sil.—***milk** : *ars.*,
calc., carb-v., cham., *chin.*, *lyc.*, nat-c.,
 nat-m., *nit-ac.*, *nux-v.*, phos., *sulph.*—
 ***pancakes** : *bryo.*, *ipéc.*, *puls.*, verat.
 —***pastry** : ars., carb-v., *ipéc.*, *nux-v.*,
puls.—***pork** : carb-v., colch., *ipéc.*,
puls.—***salted** : ars., calc., carb-v., *lyc.*,
nux-v.—***sausages** : ars., bell., *bryo.*,
puls.—***sour** : ars., bell., ferr., *sulph.*—
 sour-kraut** : *bryo.*, petr.—sweets** :
arg-n., cham., *ign.*, merc., *ox-ac.*, *sulph.*—
 turnips** : *bryo.*, *puls.*—veal** : calc.,
ipéc., sep., zinc.—***vegetables** : ars.,
bryo., nat-c., verat.

hemorrhoidal flow, suppression of :
 ars., carb-v., cocc., *nux-v.*, *puls.*,
sulph.

hemorrhoids : *æsc.*, *aloe.*, carb-v.,
 coloc., lach., *nux-v.*, *puls.*, *sulph.*

indigestion : ars., bell., *bryo.*, *caps.*,
 carb-v., *nux-v.*, *puls.*, *sulph.*

opium, abuse of : coloc.

predisposition : am-c.

quinine, abuse of : verat.

stomach : derangement : acon., bell.,
bryo., carb-v., *ipéc.*, *nux-v.*, *puls.*

water, cold : alum., ars., bell., *canth.*,
ign., *lyc.*, *nux-v.*, *rhus.*, *sulph.*

wine : ars., *lyc.*, *nux-v.*, *opi.*, zinc.—

***sour** : *ant-c.*, ars., ferr., *sulph.*

worms : cic., *cina.*, ruta., *sabad.*, sil.,
 spig., stann., *sulph.*, valer.

Tm. **day** : stann.

morning : alum., *bryo.*, calc., cham.,
 nit-ac., *nux-v.*, phos., sep., stann., **at**

sunrise : cham.—***after rising** : nit-
 ac.—***very early** : *nux-v.*—***on wak-**

ing : phos.—5 A. M. : kobalt—***radi-**
ating to back and chest : caust.

evening : ars., bell., *chin.*, coloc., gels.,
 lach., *lyc.*, merc., nit-ac., phos., *puls.*,
 zinc.—***in bed** : *ign.*—***after lying**

down : *nux-v.*, *puls.*

midnight : cocc., coloc.—***after** :
 cocc., phos., *puls.*, *sulph.*

night : acon., ambr., *arn.*, ars., *aur.*,
 bell., *bryo.*, carb-v., cham., *chin.*, cocc.,
ferr., *ign.*, k-carb., merc., nat-m., *nit-ac.*,
nux-m., *nux-v.*, petr., phos., *puls.*, *sulph.*,
 zinc.—***by acids** : phos-ac.—***after**
eating : *chin.*—***waking patient** :
 ox-ac.

Sb. **diarrhea** : dulc., iris.

evacuation : alum., ars., *bryo.*, merc.,
 petr., *puls.*, *sulph.*, verat.—***only in the**
daytime : petr.

flatus, passage of : *chin.*

leucorrhœa : mag-c., mag-m.

stools : am-c., colch., coloc., merc.,
 nat-m., nit-ac., *puls.*, rheum.—***loose** :
sulph.—***watery, windy** : *aloe.*

vomiting : iris (v. colic.)

(To be continued.)

FACULTY ADDRESSES.

WHY does it seem necessary for the average medical faculty, which, as a composite picture, is notoriously *not* religious, to inject the ministerial profession into every public medical function? Must the odor of sanctity be resorted to on such occasion to antidote the odor of the dissecting room? Are there not men of marked ability in our own profession who can do the honors of a faculty address? Have we no pride, that we are forever belittling ourselves by imploring "the benefit of clergy"? Where could there be a more fitting, a more auspicious occasion than the commencement evening for inculcating a good practical lesson by some member of our own profession who has gone through the fiery furnace heated seven times hotter than any preacher has ever had to pass through? Can morals be taught only by the sacred desk? Must our graduates be always reminded in season and out, in catalogues and commencement exercises, that they must not put beans up their noses, nor wipe those noses upon their sleeves? Would not Helmuth, or Talbot, or Buck, or Allen, or many of the living giants of homeopathic medicine, convey a greater lesson of the true scope and value of medicine and especially as it pertains to homeopathy, than all the preachments and brevet-sermons of the other profession? *Einem jedem sein Geschäft!*

COLLEGIATE COURTESY.

DOES the American Institute of Homeopathy require that each college of its Intercollegiate Committee *must* take the representations, "sight or unseen," of any other of the Intercollegiate Committee's colleges as *prima facie* correct? Instance? A student, having served two years in College A., applies to College B. for his final year. When the finals are displayed it is discovered that this student is illiterate and grossly incompetent and ought not to have been matriculated in College A. Is College B., then, required to accept as true and without recourse the representations of College A., that the applicant had met all requirements of College A., and should be graduated—both A. and B. being members of the American Institute of Homeopathy's Intercollegiate Committee?

MISSOURI MEDICAL LEGISLATION.

DR. S. C. DELAP of Kansas City has discovered that the pending medical bill before the Missouri legislature exempts no one from examination before the State board, not even those doctors who are already registered and in possession of the field. In other words, here at last is a proposed law which will work backward. But why shouldn't the doctors within the State at the time of passing the law be equally ready to be examined as those who are anxious to come into the Missouri domain thereafter? If it be true, as it is so frequently set forth by the State-examination-board fanatics, that such legislation is asked in order to "raise the standard," and "to protect the dear people," how could that standard be raised or the dear people protected unless the quacks now in Missouri were also weeded out, and no longer permitted to feast off the dear people?

Once upon a time some frogs who had grown over fat and sleek in McKinley times became discontented, and sent several walking delegates to Jupiter imploring that a king be sent to rule over them, bear them morganatic children, and do other royal things. Jupiter happened to be in a pleasant humor that day, and so threw them a log. This did not satisfy the ambitious batrachians; presently they sent another A. D. T. messenger to headquarters and this time were

rewarded with a stork, who fell to eating up the frogs as rapidly as was agreeable to his appetite and digestion.

That's right, gentlemen of the medical profession in Missouri! There is no more certain way to destroy an obnoxious measure than by overdoing it. You were not satisfied with the period of ordinary well-doing but you must rush into the political arena and implore legislation to keep the other fellows out. From one measure of this kind others have grown until now the medical legislation will eat you up as surely as the stork did the frogs. How many of the physicians at this day residing and practicing medicine in Missouri could pass the required seventy-five per cent. of the State-medical-examination? Wouldn't that be a huge joke on the frogs? Keep right on, gentlemen, with your restrictive legislation. Pretty soon there will sweep over this great and FREE country such a tide of remonstrance, because of legislative intermeddling with the profession of medicine, that the doors will be thrown wide open as in the old wild-cat banking and wild-cat insurance days of the early 70's.

MOTHER HUBBARDS.

THIS is that season of the year for bringing up that musty mediæval notion of mortar boards and mother-hubbard gowns for graduating classes, because these habiliments are in use in some of the largest institutions of learning of the Old World; and because it has always been the vogue in these older institutions. When American colleges find the need of adopting so ridiculous a custom and costume upon so flimsy a pretext we suggest that they also use the whole costume of that earlier age in order to be truly fashioned after the ancient pattern; that it include the bag wig, the knee-breeches, the plum-colored waistcoat, the shoes with silver buckles, the snuffbox, the black patches and rouge, the ruffs and cuffs and laces, etc., etc. Rats! Put a stop to this absurd digging up and aping of old-country and old-time fashions! The American travels on his practical work and not on his pedagogical titles and professions. Take one of our strong-headed and strong-fisted young men who has had to hammer his way into eminence—without the aid of his sisters and his

cousins and his aunts, the wyemseea or the odor of sanctity, and you will find him averse to masquerading in togs of the sixteenth century. There is neither beauty nor dignity in the flowing robe and the ridiculous washbowl cap. If there be no other way to distinguish between the intelligent preacher-ridden faculty sitting stiffly in semicircle on the pulpit-platform, right leg over left, Brudder bones at one end and Brudder surgery at the other, than by mother-hubbaring the graduating class, then we would suggest that the faculty stay at home and let the students and graduates, with the aid of the True Church, be inducted into medical life with due and impressive incursions into the odor of sanctity.

Obituary.

WILLIAM H. BURT, M. D.

Born February 25, 1836.

Died January 29, 1897.

THE picture published by several of the homeopathic journals of Dr. Burt, in connection with the obituary notice, is not a good one. It was perhaps at some earlier period of his life an excellent portrait. It represents him as a man of from thirty-five to forty, with a black, glossy beard, and a little incipient baldness. The Dr. Burt whom we had the honor and pleasure of knowing was an elderly man, of the age indicated in the opening line of this article, with long, silvery-white beard, and bald. Doubtlessly this picture, as published, is the last one taken of the deceased, or the only one of which the heirs had a half-tone cut; but we would have declined to publish it, had it been offered to us.

Our first acquaintance with Dr. Burt was in Denver in 1894, at the time of the meeting of the American Institute of Homeopathy. During this session an elderly man, with a very pleasing face, a genial smile, and soft voice, came to our desk and spoke in a complimentary vein of the little materia-medica programme-souvenir which the materia medica section of that session had prepared and distributed. He said that he knew how difficult it must be to get so many of the best exponents of homcopathic materia medica together in one volume, he having himself had some experience in bookmaking. And presently, in this desultory chat, it transpired that the speaker was Burt of "Burt's Physiological Materia Medica." Our surprise was as great as our pleasure. It may seem like an odd and unpardonable blunder to have made, but it shows the absolute unobtrusiveness of this eminent man and writer. While we were collating opinions

and pictures of the prominent materia-medica workers of that day,—teachers, writers, and authors,—we were of the belief that Dr. Burt had long been dead, and so made no effort to find him. This is the more remarkable since we pride ourself upon knowing all the materia-medica men (and women) in our school here and abroad; there being none, so far as we now recall, with whom we have not shivered a lance or two in the course of the several years during which we have been in the editorial jousts.

Dr. Burt had an undoubted genius in the editing of popular books. He seems to have been an omnivorous reader of current homeopathic literature and as well also of the output of the other schools; thus becoming possessed of a vast fund of information which he failed not to set forth in his several books. He had in a remarkable degree the happy faculty of making his text attractive, both by his own original research and in the excellent arrangement and display of the opinions and ideas of others. His "Physiological Materia Medica" was a charming book because of this arrangement. It had a clear analytical basis for each remedy treated, and its text never failed of interesting the student as well as the practitioner.

Of his earlier labor in the vineyard we know but little; judging of the matter published in the several obituaries we infer that it was filled with the usual hard lines encompassing the young doctor who seeks to battle his way to the front of the column in an ungrateful profession, and especially when those struggles are cast amid scenes and surroundings, by reason of poverty and hardships, wholly uncongenial to a master mind and worker. But in his later life there are many instances of his nobleness of character, his sterling honesty, and his unflagging devotion to the principles of the school of Hahnemann and the immediate disciples of the great master.

And thus, one by one, the Arch Enchanter's wand drops from the stiffening fingers of the passing generation, and is seized upon by its successors. Whether the new penmen will continue as faithful to the originals as the precedent generation is matter of much speculation and more doubt. The present authors—many of them, unfortunately—are too prone to give homeopathy a small place in their books; while, *per contra*, exploiting surgical expedients with concert-hall enthusiasm. It takes a well-tried and well-trained student, indeed, who will not fall down before the myriads of microbes and bacteria and worms and germs and other some of the German fads. It takes much courage to stand up for Hahnemann and the healing art as recommended and practiced by the old masters! No, indeed, we have progressed! If Hahnemann were here to-day, say these progressionists,

he would be most heartily ashamed of his dosage and his itch-theory; all of which have been a thousand times over exploded by every fledgling graduate of our modern bacterio-homeopathic colleges. The long line of cures—undoubted cures—made by Hahnemann, and V. Boenninghausen, and Hering, and Lippe, and Lilienthal, and Raue, and Dake, and Holcombe, and Guernsey, and Wells, and Sawyer, as well as the host of others whose names are become as household words to the homeopathic student, goes for naught, because, forsooth, we have progressed, and to-day are practicing medicine under the shadow of Koch, and Pasteur, and Declat and Roux, and other deft and clever gentlemen of the microscope!

But blessed be God! Homeopathy is still "dying out!" There are a few remaining in the land of the living who proudly trace their lineage to the ancient house of Hahnemann; who labor with fervency and zeal for the CAUSE; and though many of them are not in the public and professional eye with journal articles and reprints bespattered with half-tone pictures of grewsome tumors and other nasty monstrosities ripped out of the human body, they are gathering about them day by day more evidences of the truthfulness of the great Law of Similia, and their disciples will again become, after the dying down of the present bugteriological fad, as the sands of the sea for number! Truth cannot quite be extinguished. It lives in some part of the many particles into which it has been battered by so-called scientific research—but in reality transient fads of one form or another. And the modern craze for materialistic evidence of the source of disease will give way before the sun of true science as surely as the contemporary abuse and vilification of Harvey and Jenner and McDowell gave way to the later and clearer insight of an after-coming generation.

Dr. Burt was one of the strong workers in the field of homeopathy. He was an intense believer in himself and his chosen school and profession. He was not a talkative man, nor great with precept and example; he was not perennially in evidence with newly invented schemes; he was not forever posing in his societies or journals as one burdened to the ground with startling discoveries and short-cuts to the great and divine healing art. Nor was he contentious. He was pleased to plod along the safe way blazed by Hahnemann and his followers, reverently adding a flower now and then to the crown of immortality already placed upon the brow of homeopathy in every land of the world. He did well his part, and there all the honor lies. Dr. Burt has joined the rapidly filling ranks of the ultra-homeopaths on the other side of the Great Divide. But his works do live after him.

CONFLICTING REPORTS FROM MICHIGAN.

THE situation at Ann Arbor-Detroit, judging from the conflicting testimony of the larger and more influential journals, is fast taking on the aspect of the Cuban war. If you read the one journal for a few issues all the victories are in favor of Weyler and his trocha; if the others, it is the insurgents who are doing all the battling and making all the conquests. So that it depends considerably upon the source from which the news is received—whether from Key West or from Havana. For a while all the Ann Arbor news came by way of Key West; now, all of a sudden, it is seemingly shifting to Havana. Where is the truth to be found? Not in the extremes, of course. There is apparently no middle party. The middle party should be the physicians of the State. But instead of being a conciliatory, evenly balanced power in the removal or anti-removal struggle, they seem to be shifting about from one side to the other in the campaign. One of the chiefs of the campaign issues a printed circular stating that thus and so many of the Michigan physicians have signed his petition for or against removal as the case may be. Promptly thereupon comes the other side and by its chief announces that a great number of those signing the other fellows' petition have now come over to this side and are stanch supporters of the very contrary petitioned for on yesterday. In this confused condition of affairs at the seat of war, the outsider who is sufficiently interested to wish the school well, wherever it is placed, is prone to let the combatants lock horns and fight it out to suit themselves, laying his bets so that he may neither win nor lose upon the outcome. One other thing is become very evident, even to a wayfaring man; that this continual stirring up of this removal-matter, with its attendant and consequent personalities, will not strengthen the school there or elsewhere; and that, further, it requires no very great gift to prophesy that the school in Michigan as a government school is doomed to extinction!

SELLING THE AMERICAN INSTITUTE TRANSACTIONS.

THE BIG FOUR, a little journal published in Kansas City with associate editors from a dozen different cities, contains the ad. of one Dr. H. A. Gardner of Lawrence, Kan., offering for sale a parcel of second-hand books "as good as new," including in the lot, "Proceedings of the American Institute of Homeopathy (cloth), '94 and '95 . . . \$7.00." What business has Dr. Gardner to sell the Proceedings of the American Institute? This should be treason to the Insti-

tute, and be severely dealt with by that national body. But perhaps after all this is a better way of making the Transactions valuable than that of advertising to give duplicate copies away as we did latterly. We divided up our lot of duplicates between a half dozen apparently eager applicants, (some of whom telegraphed for them), expressed them, and since that day have heard never a word or syllable from any one of the recipients of our gifts. We look with some apprehension to the possibility that these *grateful* receivers of our books may yet refuse to pay the expressage upon the present before the deal is closed. So that, after all, Brother Gardner may be justified in putting a monetary value upon his Transactions on the principle that what costs nothing is worth nothing, not even a thank ye.

OHIO STATE HOMEOPATHIC SOCIETY.

THE Homeopathic Medical Society of Ohio is due to meet at Akron on May 11 and 12. Secretary Dr. R. B. Carter says that the feast of reason will be the principal item of the two days' bill of fare, although the flow of soul will not be stinted. He promises, however, that the latter shall not dominate the former. Wise man, is that same Carter. It now the American Institute of Homeopathy could in some way be taught this lesson of wisdom, how much greater it would soon become. This same policy was true also of the International Homeopathic Congress (London) last August. There was no end of entertainment. Every foreign visitor had his hands (and his stomach) full to keep up with the list of invitations to dine and do other things, hygienically and physiologically esteemed perfect, at the hands of the local fraternity; still the Congress had naught to do with it as a body. It held no evening sessions. It did not have a local committee which tried to make itself greater than the Congress. It attended strictly to its knitting. Then when but one night intervened between the sessions and adjournment *sine die*, the Congress had a banquet whose memory will live forever in the heart of every one of its participants. See what opportunities the local committee had in London to outrank the Congress! Houses of Parliament, Tower of London, London Bridge, St. Paul's Cathedral, Buckingham Palace, the River Thames—and the other thousands of historical incidents that might have been used as a pretext for the local committee to take the membership away from the Congress. There were committees, of course, even in London; but they were subordinate to the Congress, and were never in evidence or made any report, under permission of the sitting chairman, that all members and their ladies who

wished to take a free bus-ride, or a free river-ride, to see the stock-yards or a packing house in full blast would find the free means of locomotion at the east front door within half an hour, and those who would rather visit the Queen could have free tickets by applying at once—some bureau of medicine at this moment in session—to the lord high chamberlain, *i. e.*, the chief of that section of the local committee—who would provide all necessary facilities for making the trip in eight or fourteen hours, with a fish-dinner on shore.

We believe that Secretary Carter with his efficient coworkers will put the Ohio society back into the traces as a deliberative body and not let it degenerate into a mere sight-seeing, stomach-filling, out-for-a-hurrah club. Good luck to you, brethren of the Society of Ohio!

THE MISSOURI INSTITUTE OF HOMEOPATHY.

THE Missouri Institute of Homeopathy announces through its secretary that the next annual session will be held at Kansas City, April 22, 23, and 24. The president is Dr. W. C. Richardson, and the general secretary, Dr. Edward F. Brady, of Kansas City. The announcement has much to say in praise of Governor Stephens for recognizing homeopathy and appointing one chair in the State University. There was a time in the history of this Institute when it ranked ace-high for prowess and success. Somehow it fell into "innocuous desuetude"; under the lead of a few tight-purse people, and became a mere shadow of its former self. A half-dozen years ago, more or less, the doings of the Missouri Institute were chronicled with as much eagerness and completeness as were those of the American Institute of Homeopathy. The journals were as glad to receive advance notices of its sessions and as prompt to supply proper reporters, as they were to exploit and report any other large and leading society. A namby-pamby policy—a local policy—a purely me-and-you policy was permitted to dominate the councils, and presently the outside profession, which had honored the meetings by sending its best men to the Institute, fell away. Under the sway of men not entirely great the journals of the school were neglected, the papers solicited from eminent absentees, who were not members and not expected to be present, were side-tracked and lost. It is pleasant therefore to note that under the stimulus of the two officers already named, the Institute is making strenuous effort to rehabilitate itself and again take its place in the homeopathic profession. It pays sometimes to spend even a hard-earned dollar, if two others may be got thereby. We wish the Institute well, and will note its progress.

AMERICAN INSTITUTE OF HOMEOPATHY.

THE Institute will meet at Buffalo June 24, 1897, and continue in session for the usual time. On the 23d the Materia Medica Conference will convene and hold three sessions—two on Wednesday, and one on Thursday morning. The new Society of Ophthalmologists will also be in session on Wednesday, and there is no doubt of a large attendance at the opening of the Institute.

Centrally located, reached by all the great trunk lines of the East and West, connected by boat with all the Lake ports, with splendid and ample accommodations for all who may come, Buffalo justly expects to have a host of homeopathic doctors next June.

The programme of the Institute has already been made out in outline and may contain some novel features. But this much may now be said: that the sectional chairmen have nearly all arranged definite and clear-cut programmes, will furnish a *few* fine papers instead of a hit or miss lot, will have carefully arranged discussions, and in many cases abstracts of papers will be furnished. This reform in itself would almost revolutionize matters, and all that can be accomplished in this direction in one year will be done.

The local committee have chosen Unity Hall for the meetings of the Institute. This hall, with its numerous connecting rooms and large auditorium, furnishes most admirable facilities for the work of the Institute, including accommodations for its numerous sectional meetings and committee rooms. It is located on Delaware Avenue, the chief resident street of the city and within two or three squares of the leading hotels.

Ample hotel accommodations will be at hand; the Iroquois hotel, which will be the official headquarters, \$4.00 per day, the Tift house, \$2.50 to \$4.00 per day, the Genesee, \$2.50 per day and upward, the Fillmore, \$2.50 per day, the Niagara, \$3.00 and upward per day, the Ontario, \$2.50 and \$3.00 per day, the Tribuee, \$2.50 per day and upward.

The climate of Buffalo in June is very fine, and every opportunity can be given for enjoyment of the members during leisure hours. With something over two hundred miles of asphalt pavement, those who ride wheels can luxuriate to their heart's content.

An endless variety of excursions will be provided by steam and electric railroad to many interesting points, including Niagara Falls, which is close at hand; also by boat on Lake Erie and on Niagara River. The trip to Niagara Falls will prove of surpassing interest to all visitors and can be made by steam train in forty minutes or by electric railroad.

Every effort will be made by the local committee for the comfort and entertainment of the

members and guests of the Institute, and their families; but no entertainments or excursions will be planned which will interfere with the more serious work of the Institute.

Globules.

Lead and tobacco slow the heart and lead to arterio-sclerosis.

Eucaïne is not decomposed by heat sterilizing as is cocaine.

The author of "Yankee Doodle" was an English army surgeon, Dr. Schusburg by name.

Scotland has more physicians in proportion to the population than has any other European country.

The addition of a little tincture of guaiac renders pus cells more easily visible by coloring them blue.

Tattoo marks can be removed by electrolysis in the same way as superfluous hairs are destroyed.

This seems to be the month of blotters: every mail brings us in an envelope filled with advertising blotters.

Dr. Frank A. Jacobson (New York, "88") has been reappointed a member of the Newburgh City Board of Health, by the Mayor.

Neither is a church building the most appropriate place for holding the medical Commencement exercises. For *Æsculapius'* sake, do divorce the Church and Medicine. They are no longer one and the same.

Dr. G. M. Dixon of Sacramento, Cal., contributes a very thoughtful and well-written paper on "Appendicitis" to the Sacramento *Daily Record-Union*. Dr. Dixon regards the over-zeal to do surgical operations as reprehensible. He quotes, with much show of truthfulness and conviction, a number of well-authenticated cases where this accident was treated medically and cured. Perhaps after the lapse of another five years poor common folks may again eat grapes and berry seeds and pearl-backed collar buttons *sans peur, et sans reproche*.

The difficulty of differentiating a *congested fundus* in which the tympanic membrane and ossicles are absent, from one in which they are present, was illustrated by a case of the first-mentioned type, reported by Dr. Stout. A careful examination of the case with the unaided eye left the condition in doubt. The end of a delicate probe, which was tipped with cotton, was bent at a right angle to the shaft and gently inserted to the fundus. Then as the tip slipped

over the edge of the sulcus tympanicus and the Rivinian segment, it was demonstrated to be a case in which the tympanic membrane and ossicles were undoubtedly absent. These cases often prove especially embarrassing to the younger physician, or to the practitioner of moderate experience in ear work; and those of wide experience rarely form an opinion without the aid of the probe as above.

To Prevent Disagreeable After-Effects of Ether and Chloroform Narcosis.—Dr. Fraunkel uses the following mixture as a hypodermic injection, a few moments preceding the administration of an anæsthetic to prevent disagreeable after-effects:

Morphin hydrochlor.	0.15
Atrophen sulph.	0.015
Chloral hydrate.	0.25
Aq. dest.	15
Dose	1¼ c. c.

Patients then become very sensible to the action of an anæsthetic. In cases of heart lesion this mixture should not be used.

Our good brother Dr. A. C. Clifton of Northampton, Eng., met with an accident coming down the staircase at the (London) Homeopathic Hospital, injuring the right knee and hip-joint. This happened in November; by Christmas he was better, but leg and back felt weak; latterly has been much worse with myalgia in lumbar region—pelvic and abdominal—like lumbago; all rising, it would seem, from the fall and shaking up of the spine. Now, at last accounts, our distinguished brother is better and will be out very soon. For which we all pray.

The *Denver Journal of Homeopathy* (one of our spiciest little journals) has an item under the caption of "What shall we do to the cat?" That's dead easy, see? Send all your spare cats to that cat-killing clergyman in Michigan who makes use of two or three each Sunday morning in the pulpit, and by killing them with nicotine varies the platitudinous monotony of his two by four sermon. But you may "bet your sweet life" he doesn't touch upon the deleterious effects of saleratus biscuits or poorly cooked food generally upon that poor hard-working man, which drives him to some inevitable bad end—such as smoking a good cigar once a day—in order to give him some hope of immortality.

Minnesota is in the legislative arena once more, this time to have homeopaths appointed on the National Guard of the State. This may be a proper move. Doubtlessly it is. But before it enacts new and more entangling medical legislation, had it not better attend to its red-tape medical examination law, which bars out worthy medical men from entering into competition? An HONEST diploma from an HONEST college,

HONESTLY registered, ought to go everywhere in these FREE and United States. Or else do away wholly with the colleges, and let the examining boards take their places.

Similia Similibus Curantur.—"What did they put you at in State's prison?" "Pounding stone." "What was the crime which sent you there?" "Pounding Stone. I pounded him till he died." "Oh!"

Seventeen or twenty-one men and one woman, and among them not one of sufficient brain power to do the Faculty Address at the Commencement! So His Reverence, the nearest preacher, is called in to conduct the obs'quies. And the medical profession, forsooth, is classed among the LEARNED professions!

In one of our contemporary journals we find that some of the Southern physicians are training colored women for trained nurses, because so many of the white trained nurses are above and beyond all reach of an ordinary pocket-book; as well as above doing their humble duty to the humbler classes of patients.

Bees to Make Medicated Honey.—According to a Paris journal a Frenchman has been trying to compel bees to make medicated honey. He keeps the bees under glass and gives them only flowers that have the desired properties. Thus he obtains different kinds of honey by which influenza, coughs and colds, indigestion, asthma, and many other ills are said to be readily if indirectly reached.

There is a painful monotony to the arrangement of news nowadays in our metropolitan press. On Monday morning it is invariably war news from Europe, while on Saturday morning it is the miraculous cure by well-advertised, compound tincture of hayseed, molasses, opium, and alcohol, of some of our decadent ex-statesmen, editors, mayors, and other old grannies.

Dr. A. M. Linn, General Secretary of the Missouri Valley Homeopathic Medical Association, is in the professional field with advance notices of the next annual session of this stirring society, which is set down for October, 1897, at Sioux City, Ia. Dr. W. A. Humphry is President. Preparations are already being made with an industrious hand to make the ensuing meeting one of the great value to homeopathy in the West and Middle States. The several local societies of Iowa are helping in so much as in them lies with purse and influence, and they promise a royal reception and entertainment of all who visit their city at this stated time. Dr. Linn is one of the progressive secretaries of our profession; and having ourself occupied a secretaryship in a State society, we know the labor

connected therewith, and also the value of good and well-directed efforts for the good of the cause. Dr. Linn is the right man in the right place and at the right time.

A **Sanitary** car strap is being tried on a New York car, the invention of a man named Clark. It consists of a hemp cord dyed red with aniline, at the bottom of which is a wooden handle, also dyed red. This dye is supposed to make the pernicious and active germs sick, and while thus rendered unfit for duty they will fall from the cord and be trampled to death on the car floor. Mumaw!

A **pretty** custom of our English brethren of the profession is to send out at each recurrent holiday season little reminders of the day and to add some pleasant line for the patron to appreciate. We have received one such card from our Bro. A. S. Hawkes of Liverpool, and though no patient of his we duly appreciate his remembrance of us—in which is doubtlessly embodied his forgiveness of our refusal to partake of his hospitality under the circumstances heretofore stated in these pages.

The Alumni Association of the New York Homeopathic Medical College and Hospital is notifying the parties most in interest, as well as the general profession, that it will hold its annual reunion and banquet at Delmonico's on Thursday evening, April 29. The business meeting will be held at 6.30, and the dinner served promptly at 7.30. Dr. A. B. Norton will act as toastmaster, which insures a most enjoyable evening. Speakers of renown, both medically and in other walks of life, are promised. So that altogether, "the altogether" will be of the things to wish for, to hear, and be present with, and to remember for days thereafter—as are all the efforts of this enterprising Alumni Association. Dr. J. W. Dowling is the "hustling" corresponding secretary.

Dr. A. C. Clifton of Northampton, in a recent letter, says he voted against the convention being held in Paris, because it will be exhibition year, and when he goes to a homeopathic congress it is for business and social intercourse with the brethren. That has the right ring to it, so please you! Not because he wants the benefit of a few hours' free ride about the city as the guest of the local committee, or a free ride to the top of the Eiffel Tower, or a free jaunt on the Seine, or for any one of the other hundred or thousand famous things for which Paris is noted. Dr. Clifton is right, absolutely right. And so it should be with the societies in this country. Less entertainment and more business. Less stockyards and more materia medica. Less free street-car rides and more

surgery. Less swallow-tailed coats and more sermons in shoes, *i. e.*, homeopathic experiences. Less draining of the private purse of the local physicians for entertainment purposes and more giving to the membership of the Institute in practical, life-saving, ease-giving, and pain-quieting knowledge. Less of invidious distinctions as to the membership by requiring them to go to high-priced headquarters hotels, or else show their poverty by going to a private boarding house.

Check off on your Antikamnia calendar the dates when the State society and the American Institute of Homeopathy are to meet in battle array. And stipulate with your families that upon those dates they must arrange not to expect you to present for excuse to such societies that you cannot be present because of "that obstetrical case."

The treatment by the Pasteur method, says the (N. Y.) *Medical Examiner*, of persons bitten by rabid dogs has been quite unfortunate recently, as to results. Several Baltimore patients, according to the daily press, have died after returning to their homes.

Which looks very much as if the Pasteur filter industry might, after all, be the most potent token by which to remember the beneficent labors of this great Frenchman.

The *Medical Brief* wants to know why a man shouldn't spit if his throat and mouth get filled with waste and detritious matter? Right! Can one imagine anything more foul or possibly unwholesome than the emptying into the stomach of the contents of the nose and throat and filthy mouth, as recommended by some Teutonic savant, being fearful lest spitting on the street may produce consumption?

New Test for Albumin.—Dr. John G. Truax gives a test for albumin that he claims will reveal the presence of one part in ten thousand of urine, and so simple that anyone can use it. A test-tube is filled with alcohol to a depth of from an inch to an inch and a half, and upon this is dropped a little urine. If all urine is present, it is precipitated in a white streak; if mucus, there is a general cloudiness. If the alcohol is placed on the urine, a white ring will designate the presence of albumin, and a general cloudiness that of mucus.

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



Edmund Henry Wilett

Rochester, N. Y.

VICE-PRESIDENTS.

ONE of the most ungrateful responsibilities in the gift of a body of electors is the office of vice-president. It is usually a sop thrown to a body of voters who had failed of carrying their favorite son into the first office. Or it is given as a perfunctory reward for some service not otherwise to be countenanced by the giving society. Thus, in some instances, within a few years past, the office of vice-president of the American Institute of Homeopathy has fol-

lowed along a certain groove which reflects no special credit upon the receiver, and makes the honest well-wisher of the Institute indulge the hope that at a not very distant day some more fitting reward may be discovered for the Chief Pusher of the Local Committee of Arrangements than making him one of the vice-presidents for the year following the Institute sessions, and in the which he was so successful in levying tribute upon the local physicians and rendering the meetings a financial and howling success. But it is to be regretted, none the less because true, that among the reasons for taking an otherwise admirable and possibly theretofore obscure member from the floor and passing him into the vice-presidential chair has been his ability to keep the social end of the Institute in a state of happy ferment. Is it to be wondered, therefore, after having so passed him to the vice-presidential chair, that at the next succeeding annual session, the Institute, having meanwhile been purged of its belly-full of entertainment as last year provided, has utterly forgotten his efforts and services, drops him without remorse—the debt last year incurred having been, in their wavering memory, fully satisfied by the perfunctory occupancy of the office of vice-president? It is such an easy matter to fall into a rut as corporate bodies as well as individuals. Let us entertain the sweet thought that some day, and soon, some other and more fitting recognition may be devised for the chairman or principal working-delegate of the Local Committee of Arrangements, than making him one of the vice-presidents. A vice-president should be a man—or woman—who could take the place of the president in the event, through one or other form of disability, he should be rendered incapable of discharging the responsibilities of

his legs office; and not because as local committee man the vice-president was untidily industrious and good and nice during one whole week or longer in arranging pre-digested entertainment for our stenographs and those of our accompanying and visiting female relatives. Let it not pass into an Institute axiom that one of the surest ways to a vice-presidential chair is through the stomach and over the "funny"-bones of the members.

ANTI-TRUSTS.

BLESS your snail-faced gizzards, gentlemen of the readamantine medical tribunals, if that U. S. Supreme Court decision knocking into splinters one of the chiefest trusts of the United States should prove equally destructive of other allied trusts, as seems altogether likely. It may possibly, ere long, reach and touch with a blighting finger some of our present un-American, competition-destroying State medical examination boards. So that, thereafter, a few of us outside barbarians, who are now doing the medical Peril-and-Paradise act, earning and barely collecting about three dollars a day, may once more lie ourselves to New York, or Pennsylvania, or even to Minnesota,—those lands overflowing with milk and honey and things—where the present, protected physicians roll in wealth and luxury, and are making no less a sum each day per capita than four dollars and six-bits—Sundays not excluded.

Indeed, in all seriousness, this mediæval nonsense of stringing five-strand barbed-wires around the several States of the FREE United States, arraying each against the other, like the former petty, separate principalities of Germany, at war with every other principality, must soon come to a disastrous pause. Ere long the people—the dear, protected people—will see through this flimsy subterfuge of "raising the standard"; and they will demand that their faithful physicians, tried and true in many an emergency, shall be allowed to follow his patients wherever they may go, without interference by self-righteous Boards of Health, or curtailment of their rights to employ whomsoever they like. The trust business, as is becoming evident, has gone to the far extreme. And it will fall before

the aroused and rising indignation of that other and larger segment of the dear people—those who are not doctors.

Materia Medica Miscellany.

Conducted by J. DEKKY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References to this department are made by number. See issue of January 1, or December 15, of each year.

Oxalic Acid, POISONING BY.—W. Hall White reports two cases of acute nephritis resulting from oxalic acid poisoning, one of which ended fatally in six days after the ingestion of the poison. The symptoms were scanty urine and albuminuria; the fatal case had almost complete suppression. In neither case was there œdema, high-tension pulse, or hematuria. In both cases the urine contained granular and epithelial casts, together with calcium oxalate crystals. The first specimen of urine passed after taking the poison contained albumin and crystals. In the case which recovered, the crystals disappeared from the urine in twenty-four hours; the albuminuria persisted four days, and the casts were observed for a week in the specimens examined. In the fatal case, the albumin and crystals remained in the urine until the end. The post-mortem examination in this case showed acute tubal nephritis, and a very considerable number of oxalic acid crystals were found in the kidneys.

Iodine Injections, PURPURA FOLLOWING.—Dr. Chauvix reports a case of purpura which supervened upon the puncture of a hydrocele and an iodine injection. Eight days after the operation (which was preceded by an injection of cocaine) the patient was taken with violent chills, and the body became covered with petechiæ. After that came on epistaxis, hematuria, and hiccough. The temperature was all the time rather subnormal.

DKUS, ERUPTIONS.—Fordyce reports cases of the nodular form, and of the rupia-like eruptions following the ingestion of iodide of potassium; also a case of scarlatiniform erythema following the application of mercurial ointment to the pubic region; and, lastly, an erythematous eruption from the internal use of

boric acid in a case of cystitis. In the nodular iodide eruption the lesions became larger than a man's fist, but did not suppurate. In the scarlatiniform eruption, following the application of mercurial ointment to the pubis, the eruption was universal and diffuse and itched slightly; there was no sore throat and no elevation of temperature; within a week there was free desquamation. Fordyce also observed another case similarly produced, in which a diffuse erythema extended as high as the nipple line in front and behind, and as low as the knees, and on the inner aspect of the arms, while scattered patches of multiform erythema existed on the thorax, arms, and legs. The boric acid eruption followed the ingestion of thirty grains given daily for a month; the erythema was a multiform one of the trunk and other extremities, and was associated with conjunctivitis, photophobia, and very marked oedema of the upper lids.

Morphine Sulphate, TOXIC SYMPTOMS OF.—The following symptoms were developed in a man who had accidentally taken an overdose, shortly before he was seen by Dr. W. H. Phillips. Dull and stupid; mind seems to wander, forgets what he is sent to do. Answers questions very slowly. Disinclination to do anything. Sleepy all the time, goes to sleep while eating; while talking to him vertigo at times; all things seem to turn in a circle, especially to the left. Great dryness of the mouth. Nose obstructed, breathes through it with difficulty. Blows clots of bright red blood from nose.

Pupils sluggish and very much contracted.

Much difficulty in swallowing, at times almost to strangulation. Oppressed anxious breathing. Urinates with difficulty, passed easier while sitting. Urine scanty. Urine dark, with dark sediment. Alternate constipation and diarrhea; when constipated stool hard, black, and in little balls. Diarrhea thin, black, watery stools; sometimes involuntary. Sudden desire for stool, must go quick or is passed immediately. Involuntary stool when he tries to pass urine.

Fingers feel cold with blueness under nails.

Limbs from knees down feel like lead, especially upon moving. Twitching of the lower limbs, cramps in the calves of the legs.

Dryness of the skin Chilly, wants to be covered, even in a warm room.

Argentum nitricum—Dr. Amberg.—Franz St., aged ten, after some acute disease—whether influenza or scarlatina could not be precisely ascertained—became affected by periodical vomiting and diarrhea, especially in the morning, with pains in bowels and fever from 11 A. M. till 3 P. M. He was pale, the urine dark-colored, and examination showed slight enlargement of the liver. On June 30, 1892, I prescribed argent. nitr. 2d every two hours. July 7, the report was: Fever, vomiting, and diarrhea soon ceased; he had only had one attack of abdominal pain during the week; appetite variable; urine still rather dark; still pale and tired. He now got quinine 3d four times a day, which removed these symptoms. After a fresh chill, he had a return of the fever and diarrhea, which were speedily removed by aconite 3d. He has remained well now six months.

Heinrich Prieling aged 2½, was brought on April, 21, 1890. Since Christmas of previous year had been ill, and treated allopathically. For these five months had suffered from severe cough; for a long time this had been accompanied by severe diarrhea and vomiting, and for the last few weeks by oedema of face and feet. He was much emaciated, the pulse and respiration rapid, and auscultation all over lungs revealed rhonchi. Appetite very poor. Great restlessness at night. The whole condition pointed to catarrh of lungs, stomach, and bowels. Sulphur 30x every three hours was prescribed, together with appropriate diet. April 23.—Vomiting almost gone, rhonchi and oedema better. The urine was free from albumin, but the diarrhea persisted, and the abdomen was distended. Prescription: argent. nitr. 2d trit. every three hours. May 1.—Diarrhea better; appetite improved; medicine continued. May 23.—Oedema gone, was putting on flesh; no morbid signs in lungs; the child was cheerful and enjoyed his food; motions pappy; but he had a cough like whooping cough, which was prevalent at the time. Prescription: calc. carb. 6th, three times a day. This cured him.

Opium.—MARASMUS—E. V. Ross, M. D., August 22, was called at 2 A. M. to see a child who was thought to be dying, and, on

arriving at the house, found the most marasmic specimen of humanity that has been my fortune to see. A male child æt. ten months. Bottle fed. (Condensed milk diluted.) Sick two weeks, under regular (?) treatment.

Status præsens. Appearance that of a little dried-up old man, emaciated in the extreme. Rolls the head. Eyes half open. Pupils contracted to the size of a pin's head. Eyes turned upward. Lower jaw dropped down. Appears stupid. Stools watery, dark, and offensive.

I did not give a very hopeful prognosis; to this the father replied: "Well, doctor, I don't believe that a great deal can be done, but do the best you can."

Comparison of the symptoms in Sippe's Repertory showed opium clearly the remedy. It was given in the 200th (Dunham) powder every two hours until better or dead—for it could not be worse. Diet: Egg albumen and water.

August 23, 10 A. M.—Child greatly improved. Gave placebo and ordered fresh milk, one-half pint; water, one-half pint; cream, four tablespoonfuls; Peptogen Milk Powder, one measure.

Three ounces of this preparation were given sterilized every two hours.

To be brief, the child continued to improve; a few days later it received sulphur 55m to remove a red excoriated condition about the anus. It is well and gaining flesh rapidly to date, September 22.

Dose of Mercury IN SECONDARY SYPHILIS. —The editor of the Charlotte Medical Journal boldly declares that while "it is contrary to the tenets of the regular or allopathic physician to prescribe remedies in homeopathic or lilliputian doses, nevertheless such practice will occasionally meet the necessities, accomplish the same purpose, and give equally as favorable, if not better result." Then, noting the prevalent dosage in secondary syphilis, he remarks: "This is the usual routine treatment. It is rational and will if persisted in for a sufficient time relieve the symptoms; in fact it is claimed to more rapidly and thoroughly antagonize and eradicate the syphilitic germ; but these larger, full doses of mercury do so at the expense of the blood, while after the patient is left debilitated, anæmic, and exhausted, to say nothing of the risk of iodism, etc. We all meet with frail

constitutions, persons whose vitality was already under par, before contracting the disease in question: these patients do not bear heroic dosage well, and we should rather strive to conserve his vital forces while striking at the germ operating in his blood. Some years ago 'Sidney Ringer' announced to the profession that the bichloride of mercury in $\frac{1}{100}$ grain doses *ter die* had the effect of building up the red blood corpuscles and otherwise sustaining the general systemic forces, while at the same time the remedy in these small doses was sufficiently antagonistic to the syphilitic germ to check its ravages and with the same persistence in its administration would destroy the germ."

After stating his practice, on the above lines, the editor sums up his experience by saying, "I can verify Ringer's statement. The $\frac{1}{100}$ of a grain of bichloride does seem to sufficiently antagonize the syphilitic germ, so much so as to check and control it, and seemingly like iron to improve and enrich the blood. You can prescribe it in combination with gentian, and with or without the potash, with safety and reliance; your patient is not restricted as to diet or liberty of action—forbidding only excesses, tobacco and alcohol."

Calomel,³⁸ THE DECADENCE OF.—The disadvantage of a system of prescription based upon pathology is illustrated forcibly in an editorial from which we give excerpts. After noting the extent to which calomel has gone out of use of late, and giving the old style indications for it, the Charlotte editor continues:

So greatly does the pathology of the present day differ from that of the past; so completely are we now dominated by the damaged tissue theory of inflammation, and by the new views as to the role of microbes in most inflammatory diseases; so fully are we persuaded of the truth of the modern doctrine of the natural evolution and self limited nature of all acute disease, and of the necessity of husbanding the vital resources, that the very idea of antiphlogistic treatment belongs almost with that of witchcraft to the superannuated notions of the past; while the true antiphlogistics are recognized to be such means, medical and surgical, as restore the damaged vital properties of the inflamed part and of the organism generally, and antagonize

and combat microbes and ptomaines. From this point of view, the belief of our predecessors was not justified by the facts. They saw patients get well from grave inflammations and fevers, and they attributed the recovery to the medicines which they had prescribed—an unwarrantable post hoc, ergo propter hoc conclusion. They, in short, ascribed to the bleeding, the antimony, and the calomel the favorable changes which belonged to the natural course of the disease itself.

There seems to be no proof that calomel, when given in minute doses, whether to oppose the formation and organization of plastic exudations, or to stimulate the secretive organs and promote elimination, or to arouse the absorbents to greater activity in removing inflammatory products, ever serves any really good anti-phlogistic purpose. It does, doubtless, disturb the nutritive processes, and deglobulize the blood; it may even render the blood "aplastic." Whether, however, this be a good thing in an inflammatory disease, is not proved. Nor can we even invoke the help of the known microbicide properties of the mercurial, for there is no evidence that calomel, when given internally, in fractional doses, has any such microbicide action.

Grindelia Robusta.—Dott Luigi D'Amore⁹⁷ has made an elaborate laboratory study of this drug. He finds that in frogs it produces first a paralysis of the higher nerve-centers, then of the inferior. The nerves and muscles preserve their excitability only through direct action upon them, so they at last lose their irritability. With dogs it was found that large doses depress and weaken the nerve-centers after having markedly excited them. With frogs, when the drug is applied to the heart, there are a slow and progressive diminution of the beat and a lengthening of the systole; sometimes the action is so energetic that there is a rapid diminution of the number of beats and arrest of the heart in systole and with an inexcitable myocardium. With warm-blooded animals the phenomena which it produces may be ascribed to an exciting action upon the bulbar center of the pneumogastric, which, when a large dose is introduced at one time into the circulation, appears to be paralyzant. The effects upon blood-pressure are that with small

doses there is a slight raising, which is more evident with medium doses; but as the amount is increased the pressure gradually and continually falls during the same time that the oscillations are shorter. In its action upon the respiratory system we have the most interest, for here we find the most extensive use of the drug. Experiments show that when its effects on the pneumogastric are considered, and also its power of contracting bronchial muscles and its action on the heart, that it is likely, in proper doses, to be of value as a remedy for the symptom of asthma. When in addition we bear in mind that the drug contains an active principle, likely a terpene, which benefits the associated catarrh, the clinical use of the drug has a scientific foundation. So far as its effect on bodily temperature exists it apparently possesses a paralyzing action on the thermogenic center. The secretions are changed as follows: the urine is increased by small and diminished by large doses, partly from changes in blood-pressure and partly from direct action on the renal epithelium. The saliva and bile are increased. Both urine and saliva are of greenish tinge.

Calcium Bromide.—IN CEREBRAL DISEASES OF CHILDHOOD.—Following indications laid down by Hale in his "New Remedies," Dr. J. J. Mitchell⁷ has had gratifying results from the use of this drug. He finds it useful in lax, lymphatic, nervous, and irritable children; and in children of this type can control the cerebral congestions and irritations to which they are subject, whether direct or reflexly caused. In cerebral troubles with the characteristic calcarea symptoms present calcium bromide almost invariably acts with efficiency and rapidity. His dosage has been usually a drop or fraction of a drop of an aqueous solution of the drug in the proportion of 1 to 5.

The Anti-Cigarette Bill is likely to become a law in New York. It prohibits the sale of cigarettes to minors, or within 250 feet of a church or school, and fixes the license fee at \$50.

Of nineteen persons on whom the degree of Doctor of Medicine was conferred by the University of Geneva during 1896, no fewer than seven were women.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

*(Continued from page 111.)***COLLAPSED**: eupho.**COMPRESSION**: 1. *Bell., nux-v., puls.* 2. *Acon., actea, ambr., apis., cad., cham., crot-t., ign., mez., staph., thuj.***Ql. painful**. *ambr., cham., hyper., puls.*—
*in the groins: *ign., thuj.*—*in the navel: *acon.*—*in the L. S. *berb.*
paroxysmal: *plumb.*
remittent, after dinner and supper, changing to sticking while walking, < pressure, > by emission of flatus: *zinc.*
sudden: *ant-c.***CONGESTION** (portal, etc.): 1. *Æsc., aloë, nux-v., sulph.* 2. *Ars., bell., caps., carb-v., chin., collin., lact., lept., merc., poda., puls., sep., verat.***Ql. circumscribed**—*in anus: *lach., sep., sulph-ac.*—*in lower portion of the bowels: *collin.*—*in the large intestines: *aloe.***Cn. amenorrhœa**: *puls.***anorexia**: *ars., carb-v., chin., nux-v., puls., sep., sulph.***aversion**—*to bodily labor: *chin., nux-v., sulph.*—*to mental work: *aloe., nux-v., sulph.***bearing down in rectum**: *aloe, merc., nux-v.***burning in anus**: *æsc., aloë, nux-v., sulph.***colic**: *carb-v., nux-v., sep., sulph.*—
*flying: *æsc.***constipation**: *collin., nux-v., sep., sulph.***debility**: *ars., carb-v., chin.*—*after stool: *ars., poda.*—*after walking: *nux-v.***desire to lie down**: *nux-v. (gels.).***distention**: *aloe., carb-v., chin., collin., nux-v., puls., sep., sulph.***distress**—*in hepatic region: *lept.*—*burning in epigastrium and hypochondriac regions: *lept.***dryness of rectum**: *æsc.***dyspepsia**: *carb-v., nux-v., puls.***faintness**: *carb-v., chin., collin., nux-v., sep., verat.***flatulence**: *æsc., aloë, carb-v., collin., lyc., nux-v., puls., sulph.***fullness**, sense of: *carb-v., chin., nux-v., poda., sulph.*—*in anus: *æsc.***hardness and tension**: *nux-v.***headache**: *aloe., bell., nux-v.***heat, internal**: *ars., caps., carb-v.*—*in epigastrium: *nux-v.***hemorrhoids**: *æsc., aloë, collin., nux-v., sulph.***itching in anus**: *æsc., aloë, nux-v., sulph.***leucorrhœa**: *puls.***mood**:—*gentle: *puls.*—*irritable: *nux-v.***nausea**: *carb-v., chin., collin., nux-v., sep., sulph.***plethora, general**: *bell.***rumbling**: *carb-v., chin., collin., puls., sep., sulph.***sinking, faint feeling, in pit of stomach**: *sep.***sleep, restless**: *nux-v., puls.*—*unrefreshing: *nux-v., sulph.***stool**—*bilious: *collin., poda.*—*black, profuse: *lept.*—*hard: *nux-v.*—*mucous: *collin., puls.*—*painful: *puls.*—*papescent: *collin.*—*scanty, slimy: *ars., caps.*—*watery: *ars., caps., sulph.*; and hot: *poda.***tenderness in abd.**: *æsc., aloë, ars., chel, merc., nux-v., puls., sulph.*—*in**hypochondria**: *merc., nux-v., puls.***throbbing, deep**: *æsc.***vertigo**: *bell., nux-v., puls., sulph.***weight**: *carb-v., merc., nux-v., sep.*—*in epigastrium: *sulph.***Agg. open air**: *nux-v., sulph.*after drinking: *caps.*after eating: *nux-v.*morning: *nux-v.*evening: *puls.*night: *ars., merc.*after midnight: *bell.***Am. open air**: *puls.*on awaking: *sep.*

loosening garments: caps., *carb-v.*, *nux-v.*

motion: caps., *puls.*—*continued: caps., *puls.*, verat.

resting; bell., *carb-v.*, *nux-v.*, sep.

after passing wind: *carb-v.*, chin., *lyc.*, *nux-v.*, *puls.*

Cs. coffee, abuse of: *nux-v.*

cessation of hemorrhoidal flow: *nux-v.*, *sulph.*

inactive life: caps.

mental efforts: *nux-v.*

sedentary life: *nux-v.*,

wine, abuse of: *nux-v.*

CONSTRICTION 1. *Coloc.*, *nux-v.*, *plat.*, *plumb.* 2. *Æsc.*, *arn.*, *aur-m.*, *bell.*, *berb.*, *carb-v.*, *chin.*, *clem.*, *dig.*, *eupho.*, *k-bich.*, *k-carb.*, *lyc.*, *mez.*, *mosch.*, *nat-m.*, *nit-ac.*, *nux-m.*, *petr.*, *phos.*, *sabad.*, *thuj.*

Q1. circumscribed — ***epigastrium**, with **anguish** and difficult breathing: grat.; with **colic**: *nat-c.*; **pinching**, after eating, diffused to L. S. of abd. and chest: *cocc.*—***hypogastrium**: *bell.*, *clem.*, *verb.*; **painful**: *bell.*, *cocc.*, *nux-v.*; **pressive**, like a stone, diffused to bladder: *puls.*—***navel**: *bell.*, *plumb.*, *puls.*, *verb.*; **across**: *chel.*; **around**: *bell.*—**painful**: *bell.*, *plumb.*; immediately after eating: *coloc.* — ***region of false ribs**: *camph.*, *led.* — ***intestines**: *arg-n.*, *nux-v.*, *plumb.* — ***anus**. *nit-ac.*, *plumb.*—* **transversely**, with pain in intestines and epigastrium: *chel.*

convulsive: *chin.*, *nit-ac.*; **diffused** to chest, genitals and groins: *sulph.*

cramplike, clawing: *nux-v.*

diffused—* to **back**, griping: *plat.*

—*to **small of the back**: *calc.*—

*into **chest**: *nat-s.*; mornings: *calc.*—

*to **chest, genitals and groins**, convulsive: *sulph.*—*from **epigastrium**

to **L. S.**, pinching, after eating: *cocc.*

—*from **hypogastrium** to **bladder**,

pressive: *puls.*—*from **side** to **side**:

elap.—*to **stomach**: *ol-an.*—*toward

uterus: *calc.*, *caust.*

griping, diffused to back: *plat.*

(To be continued.)

FERRUM PICRICUM AND PERINEAL DRAINAGE OF THE BLADDER IN PROSTATIC HYPERTROPHY.

By DUDLEY WRIGHT, M. D.,

Assistant Surgeon and Surgeon for Diseases of the Throat and Ear to the London Homeopathic Hospital.

IN an address Dr. Knox Shaw made the following remarks in reference to the early stage of prostatic hypertrophy, and the prevention of further increase in size: "This is the stage when drug treatment should be of service. I have prescribed for this early condition various remedies, such as iodide of potash, iodide of mercury, iodide of arsenic, hydrastis, and thuja, but I cannot say I saw any direct or positive results follow their use. . . What I want to find is a drug having a direct action upon the diffuse glandular growth which is the cause of the enlargement. Since that time I have made numerous observations, and will endeavor to show that we possess in ferrum picricum a means of not only improving the general health, but also of actually reducing the bulk of the gland itself, or, at any rate, of making the passage of urine from the bladder more easy of accomplishment.

Of a considerable number of cases in all of which, before coming under treatment, there had been residual urine from two to ten ounces, and constant desire to pass water at night, by which the patient's rest was disturbed, I select three cases particularly, since in them—apart from the catheterization on the first and one or two subsequent visits, with a view to ascertaining the amount of residual urine—no instrumental treatment had been adopted, the patients being left to pass their water as well as they could without such aids. Ferrum pic. 2x in one-drop doses three or four times daily was used and continued for some months. Almost at first, usually within two weeks, a marked diminution of the nocturnal pyknuria was noticed, and in all of them, after a two months' course of the remedy, there was likewise a considerable decrease in the amount of residual urine. Before the patients discontinued treatment, two of them had practically no residual urine, and the other only two ounces.

Passing on to those cases in which long-con-

tinued and exhausting cystitis and retention of urine render the patient's life miserable, I advocate perineal drainage by Reginald Harrison's method, which is performed by means of a specially long trocar and canula by puncture from the perineum, the canula being left in and secured, like a tracheotomy tube, by tapes, and having affixed to it an india rubber tube to conduct the urine into a vessel placed under the bed.

In two cases this method was adopted with excellent results. In the first, a patient of Dr. MacNish, who had had prostatic retention for some time, and had been using catheters for its relief, much cystitis was present, and considerable hemorrhage from the prostate had occurred. Double orchitis had also developed. The patient had sunk into a state of extreme depression and could not stand the shock of a supra-pubic cystotomy, so perineal drainage was performed without causing any shock, and the tube retained for eighteen days, at the end of which time the patient began to pass urine *per urethram*. The tube was finally removed, and in two weeks the patient was perfectly recovered and passing water freely by the natural passage, the perineal wound having healed.

The second time I performed the operation in the case of an old man who had retention and much cystitis. The tube was retained two weeks, and the bladder washed out through it, after which, the cystitis having disappeared and the patient's health greatly improved, it was removed and the patient discharged. In this case, however, the use of the catheter had to be continued.

As advantages over other methods of treatment I would point out that it is easy of performance, only taking a few minutes to complete everything, so that there is practically no shock; the easy and reliable method in which the bladder can be afterward washed out, and, the wound being at its most dependent part, the viscus is sure to be thoroughly emptied; the possibility of the sinus through the prostate left after withdrawing the tube so contracting up as to cause sufficient shrinking of the prostate to enable the patient to pass water naturally afterward, as actually occurred in my first case; and finally that the patient is able to sit up or walk about a day

after the operation, thus preventing the tendency to lung trouble.

THE SECRETARY OF THE INSTITUTE.

ALIE once started on its rounds, some Sir Sapiency has in the olden times put upon record, is never overtaken and its usefulness destroyed. Like Truth it will rise again and break through the covering when least expected. We are moved to this unusual moral exordium on our part by the nuisance which a certain lie published about us has made of our mail. One of the advertising sheets in some way got it into their crooked heads, and what is infinitely worse also into their ad. columns, that we are the Secretary of the American Institute of Homeopathy. As a result each mail since the appearance of this item fills our waste-basket with solicitations from badge and medal makers, railway companies, steamboat lines, printing firms, and other interested parties. There is no way to stop this tide of blue-stamped letters from filling our waste-basket; for nothing that we can say either privately or editorially will ever again overtake that lie already referred to. So we listen with much patience to the anathemas of the unfortunate letter-carrier, and wonder if Porter—he of the *vin ordinaire* complexion, the popular secretary of the Institute, isn't having a real good time at our expense. Could it be possible— But no! We will not harbor the accusation even for a moment.

THE CLEVELAND MEDICAL COLLEGE.

AMONG the many gratifying evidences that "Homeopathy is still dying out" is this college, which grew out of a domestic tangle among the giants in the homeopathic profession of Northern Ohio. A few nights ago it had its seventh annual banquet given to the class at the Forest City House in Cleveland, at which something like 150 persons were entertained, faculty, students, and friends. On the succeeding night a class of forty-nine were graduated and sent on their way rejoicing, six of this class being ladies. This is the largest class that has ever issued from the portals of this school, and with but one exception the largest that has been graduated from the parent college—the old Homeopathic

Hospital College of former days. It is believed to be also the largest class graduated this year from any of the Cleveland medical schools, old school or new.

At the banquet, already referred to, toasts were indulged in, the usual order being reversed, the students by their representatives being the first spokesmen, and the faculty later.

Professor Judge H. C. White of the Probate Court, president of the college corporation, introduced Dean Dr. G. J. Jones, who really required no introduction; the latter then proceeded to act as toastmaster, calling the first toast The Class of '97, which was responded to by Dr. A. P. McClure and Miss Josephine M. Danforth. The Class of '98 was represented by Messrs. Kimmel and Small. The Class of '99 had its representatives in Messrs. Price and Clark. Cleveland Medical College was assigned to Judge White; The Faculty to Professor H. H. Baxter; The Medical Profession Viewed by an Outsider was assigned to Rev. H. C. Applegarth. Each toast was well responded to and many pleasant stories were woven into the fabric of the speeches, so that the hour of early morning was at hand when the festivities were closed.

DR. HARRIS H. BAXTER OF THE STATE BOARD.

THE Governor of Ohio has appointed Dr. H. H. Baxter of Cleveland the second member of the State Medical Examination and Registration Board vice the former second member from the eclectic school whose term has expired.

There is a salient bit of history in connection with this and the former move which ought to be written and published. When the bill was before the Legislature providing for an examination and registration law, the several schools, by their representatives, were met together in Columbus, and among themselves tacitly agreed upon the representation to which each was entitled; but, lo! and behold, at almost the eleventh hour the eclectic school put in a claim for the two representatives on the board which, up to that moment, had been, as by common consent, decreed to the homeopathic school. It was a critical pinch to put the whole thing; and as much difficulty had been experienced in

former years in even getting a bill before the Legislature for action because of medical interne-cine strife and because of the fierce and well-directed opposition by certain classes of medical folks, it was deemed wise to make no wrangle about the division of the representation.

It was, therefore, patched up that the school showing the largest number of practitioners—as between the homeopaths and the eclectics—should have the second man on the board. Instantly the homeopaths went to work with postal cards and in other ways, but do what they would they were not able to touch the figures handed in to the Governor by the eclectics—the unique number of 1199! The hour was too late to offer any marked demurrer to the assumptions of the eclectics—though not a man in the great State of Ohio thought for one moment that the eclectics outnumbered the homeopaths; still on the pretended show-down the Governor gave the odd man to the eclectics with the understanding, it is now understood, that upon the actual registration of physicians as required under the law, whichever of the schools showed the actual greater number of practitioners should be appointed to the place of the eclectic whose one year term would expire. Pursuant to this wise and pacific conclusion the names were counted, and, OF COURSE, the homeopaths were far in advance of the eclectics, coming up to their own tally as taken before the appointment of the board; while the eclectics fell woefully below their reported and dishonest claim! Thus the matter stood until recently when, by expiration of the one-year term, the Governor appointed Dr. Harris H. Baxter of Cleveland successor to the eclectic member, thus giving homeopathy two members on the board.

As to Dr. Baxter,—who that has resided in Ohio, to say nothing of Cleveland, fails to know him? What can be said of him that is not well known to every homeopath in the State? He is an ideal man for the place, as we intimated at the former time when the original appointments were about to be made. He is popular with the profession—barring a possible contingent of the Cleveland profession who have had personal conflict with him because of his course in the Old College quarrel; he is an educated gentleman, painstaking, careful, and scrupulously

honest. There is nothing of the tinsel or newspaper advertising character about him. He has been teaching in the medical faculty for eighteen or twenty years and his signature is attached to perhaps as many diplomas of rising and successful practitioners in the United States as may be found of any other homeopathic medical professors. Member of the Ohio State Society, the Cleveland Homeopathic Medical Society, the American Institute of Homeopathy, and high in the councils of church and other organizations of this city and State.

The homeopathic practitioner, therefore, who applies to the Ohio State board for registration or examination may take it for granted that he is in the hands of honorable, upright, educated, and warm-blooded members of his own school; and that, per contra, no mercy will be shown the medical guerillas who infest the woods and clearings of Ohio's eminent domain. We congratulate the State of Ohio, its Governor, the profession of medicine, and especially the homeopathic division, upon the appointment of so excellent a man, physician, and teacher as Professor Harris H. Baxter to the State Medical Board of Examinations and Registrations.

**"THE VILLAINY YOU TEACH ME, I WILL
EXECUTE!"**

THE New York *Medical Journal* for March 27 gives place to a complaint, editorially, concerning some newly proposed medical legislation which menaces the sacred rights of the physicians of the city of New York. After describing the anomalous composition of the proposed Board of Health in just but satirical language, it quotes as follows:

"The department of health may require of any physician, not less than three hours after service of a demand thereof upon him, an affidavit stating therein whether he has or has not any patient who, in his opinion, shall then be sick of a pestilential, contagious, or infectious disease, and, if he has any such patient, to state in such affidavit his or her name and the house or place in said city where he or she shall then be, and the nature or name of such disease, to the best of his knowledge and belief."—*Chapter xix, section 1248*.

We now come to the penalties that may be imposed. "Every practicing physician who shall refuse or neglect to perform the duties enjoined on him by the foregoing section shall be considered guilty of a misdemeanor, and shall also forfeit for each offense the sum of two hundred and fifty dollars, to be sued for and recovered by the department of health. It shall be the duty of each visiting,

hospital, and consulting physician to make an immediate report to the department of health of the name of every practicing physician by whom he shall have reason to believe the provisions of said section have been violated; and if such physician shall neglect or refuse to perform his duty, the department shall order him to be suspended from any office he may hold, and he shall, moreover, be liable to such further penalty and to such prosecution for his violation of this law and of his duty as the board of health shall determine."—*Chapter xix, section 1249*.

In other words, every physician in the city is to be compelled by law, not only to violate professional confidence himself if occasion arises, but to play the spy on his professional brethren, under the penalty of suspension from any office he may hold and "such further penalty" and "such prosecution" "as the board of health shall determine." We are to be put absolutely at the mercy of the board of health. The proposition is abominable and unendurable. We believe it to be also unconstitutional. Let it be stricken out.

Ah, ha! The iron is beginning to burn into the quick, is it, gentlemen of the finest medical syndicate of the world? You, who were so anxious for legislation to keep the soft spots in the great Empire State soft and safe and sweet for the few physicians who, at the time of the making the law, should reside in that State—you are finding that it does make some difference whose ox is being gored, are you? You who put up a forty foot, hardwood, yard-wide Chinese wall against every other physician from any of the other FREE American States—how do you like the outlook now?

"The villainy you teach me, I will execute." And you, Gentlemen of the Medical Hierarchy, having shown the dear people the exceeding great value of restrictive and proscriptive legislation when applied to people from other States equally honorable and reputable and intelligent with those within the charmed circle of New York—now you discover that the dear protected people are doing a little legislating on their own behalf! And they seem to like it pretty well, judging from some of the other laws sought to be enacted—notably that asking for press censorship. Ah, yes, what specially hurts the eagle is to find that the arrow with which he is wounded carries some of his own tail-feathers. If only the legislation were continued as against the outside fellows, and We, Us & Co. left unmolested; but this legislation is turned against the superfatted and very elect of New York itself. Awful, isn't it?

By all means let the good work go on and on! There is no more sure way of destroying the appetite for honey than to make honey an

obligatory diet—to have honey rubbed into every pore. There is no more sure way of destroying offensive, paternalistic, monopolistic legislation, than by making more and more and yet much more of it, until the Cup of Tolerance runs over. Then trust legislation will fall down with a “dull thud”! And the Reign of Ordinary Horse-sense will once more move on apace!

MENDACIOUS ADVERTISEMENTS.

THIS is the Age of the Advertiser. All honest advertisements are welcome and should be encouraged. For instance, Mellins' Food, Imperial Granum, Antikamnia, or Fellows' Syrup of Hypophosphites, or any other of the many first-class and stand-by articles which fill the pages of our legitimate journals is all right. But a sneak affair like that which appeared upon our desk the other day, being only a slight variation in design, though of purpose the same as the imitation parchment diplomas, pretended subpoenas, citations as witness in the Supreme Court, foreign postal-cards, Hamburg dated letters, circulars in open envelopes with one-cent stamp marked in staring, glaring, red ink “Important,” “Special,” “Personal,” “Immediate,” “Sample Copy,” and the like, ought to be thrust into the waste-basket without the courtesy of even a passing glance. This special instance was a handful of circulars enclosed in a blue-stamped envelope, on the face of which was the announcement, with picture, of a FREE giving away of a fever thermometer, well-seasoned, etc. It was a lie, of course, because neither well- nor illy-seasoned thermometers, nor anything else of value, is given away “FREE”; but this affront put upon the intelligence of a learned and presumably sensible profession was absolutely a dishonest “hew-gag,” since upon looking at the contained circulars it at once stated that this FREE thermometer, so well seasoned, in addition to the chain attachment, had also a string to it; that is to say, it could be had only upon first purchasing thus and so many ounces of molasses, whiskey, and opium under the alluring and resounding title of something like “Cure-all-ene,” valued at thus and so many sesteriae.

Now, where was the need for such mendacity?

Does this “smart” firm think, for a moment, that it has caught any thinking physician with its “smart” ad? If the medical profession was composed of a lot of back-numbered backwoodsmen who read only or chiefly the FREE-gift-enterprise columns of their *Weekly Christian Reprobate*, and who, upon occasion, sign promissory notes, and lightning rod or driven well contracts with smooth-talking strangers, or lend \$12 in cash upon a check for \$273, or execute complimentary mortgages and sight-drafts in the belief that they are getting something for nothing; or who bite at gold-bricks and “yellow-kid” tricks, or green-goods opportunities;—there might be some passing justification for this pitiful attempt to seduce and induce a medical man to apply for a FREE thermometer, however well-seasoned with chain and pin attachments, upon paying from three to five prices therefor in other ways. This species of advertising is not honest; it is on a par with the old watch trick that filled the country weeklies some years ago until it became too common even to inflict upon people in the rural districts. This consisted of a cleverly but carefully worded advertisement, glibly descriptive of a watch that never failed to keep exact time, needed no cleaning or regulating, a picture being shown of the back of a hunting-case watch, partly open, stem-winder, etc., etc., all whereof would be sent to any new subscriber of the *Weekly Presbyterian Suppository* upon payment of an additional dollar in order to defray cost of packing and expressage. When received it proved to be a “solar” watch; *i. e.*, a cheap, five-cent sun-dial in a watch-case made of cheap nickel!

This FREE thermometer, well-seasoned with chain and pin attachment, is not very unlike that other fake trick of placarding clothing with large red figures so that across the street, or, indeed, unless quite closely inspected, it looks as if a certain garment cost but £2. Having attracted the passer-by's attention he comes to the window, inspects, and finds that the great, big, flaring red £2 is followed on the same card with the small (in black) figures 20s.; so that a coat which seemed to cost but \$10, in reality cost \$15. It is trickery, dirty, disreputable trickery! and it is reasonably safe to assume that a firm engaging in such small ways to attract the possible patron's

attention is equally capable of tricking him in anything he may be induced to purchase. It is a fraud upon all legitimate advertising and should be suppressed. Give all fraud and something-for-nothing ads a wide berth.

BUGS IN BUTTER.

IT was a person who came from Denmark who first advanced the startling theory that microbes are required to make first class butter. This theory, which was received with scorn, is now advocated by many scientific men, and many creameries now invest money in the "culture." In Iowa twenty-eight creameries are using it. Experiments have been made with over one hundred different kinds of germs, but it was not until No. 41 was discovered that satisfactory results were reached. A conclusive trial was recently made in a Connecticut creamery. June butter, as is well known, is in flavor the best produced during the year, so the effect of bacillus No. 41 upon pure butter was most interesting. Early in the month two large vats of cream were collected. One of these was inoculated, the other was not. They stood in the same room, at the same temperature, for the same length of time, and were subsequently churned. Both lots of cream produced excellent butter, but No. 41 had a taste and odor decidedly superior to that made without it. A large number of persons tasted it, and no one hesitated in deciding that No. 41 made the superior quality.—*Chicago Inter-Ocean.*

[So that all microbes are not destructive of life. Well, well, well !]

SUPPLIED BLOOD "IN EXTREMIS," A KILLER OF SEPTICÆMIA, AND OF SYPHILITIC VIRUS.

By DR. W. H. PARSONS, Omaha, Neb.

MISS B., age sixteen, was admitted to hospital in Kansas City, and laparotomy for ovarian cyst was performed on June 12, 1891. She was anæmic in the extreme, and generally in bad condition for an operation, and the low vitality and extreme nervous irritability of the patient gave no promise of a favorable outcome.

Shortly after the operation the stomach became so irritable that all nourishment and even cold

water were rejected. The temperature and other grave symptoms indicated sepsis. On June 18, the date of my first visit to the hospital, the patient's life was despaired of. Rectal feeding had already been tried with unsatisfactory results, beef tea and milk having been used. I was permitted to test the value of the blood treatment, the physician in charge considering at the time that the patient would not live forty-eight hours. Bovine, one ounce, sterilized water, one ounce, pancreatine, five grains, raised to a temperature of 100° F. were employed and forced high up into the rectum. This was retained, and the same dose was repeated after an interval of two hours. After eight hours the distress and painful retching subsided, and if food was not alluded to the stomach remained tranquil. For twelve days the only nourishment administered was bovine every three hours day and night, and by this process of nutrition alone the vitality of the patient was restored, so that at the end of that period she sat up in bed and, for the first time since the operation, expressed a wish for food. On July 3, this moribund girl was pronounced convalescent.

Book Reviews.

SUMMER COMPLAINT AND INFANT FEEDING. By W. S. CHRISTOPHER, M. D., Professor of Diseases of Children, Chicago Polyclinic; member of the Chicago Medical Society; member of the American Pediatric Society; member of the American Medical Association; honorary member of the Cincinnati Academy of Medicine, etc.

This book appears to be a collection of essays delivered by this author or prepared and presented to several of the prominent journals of the old school upon the topic named in the title, and without expectation of having them published in book form. But because of their intrinsic worth the Helvetia Milk Condensing Company of Highland, Ills., gathered up the several isolated MSS. and with the author's permission placed them before the profession in book form. The subject is well treated and deserving of careful study and application. It is a never failing source of interest to every medical man, and Dr. Christopher has put the matter in good, terse, readable English and with the latest additions in chemistry and other of the collateral sciences.

The book is for sale by W. T. Keener, 96 Washington Street, Chicago.

PROMAINS, LEUCOMAINS, TOXINS, AND ANTI-TOXINS; OR, THE CHEMICAL FACTORS IN THE CAUSATION OF DISEASE. By VICTOR C. VAUGHAN, Ph. D., M. D., and FREDERICK G. NOVY, M. D. New (3d) edition. In one 12mo volume of 603 pages. Cloth, \$3.00. Philadelphia: Lea Brothers & Co., 1896.

This is a very learned book, the product of two eminent men in the University of Michigan. Both authors have given possibly the best years of their lives in the elaboration of this special work, and have had abundant leisure and opportunity to read up and keep abreast of the times. The subject of bacteriology, while it has a place in homeopathic medicine, is not so much in evidence as with the older—the chemical school of medicine. There is a greater intent on the part of the homeopath to find means to cure diseases than to trace the origin of it. However, there is no wish on our part to say aught in a deprecatory vein of this volume; for we realize, from a very few hours of reading in some of the more prominent chapters, that it must be a valuable help to the bacteriological fraternity, and indirectly to the medical profession. The old school profession recognizes in Professor Vaughan an eminent specialist, and anything coming from his pen or with his sanction is known to be of value, and worthy to be carefully considered. The authors in this volume have given a systematic exposition of ætiological, preventive, and curative chemistry. From the fact that this little book appears now in a third edition we are fain to conclude that it is filling a long-felt want.

VETERINARY HOMEOPATHY IN ITS APPLICATION TO THE HORSE. Including a Code of Common Suggestive Symptoms. By JOHN SUTCLIFFE HURNDALL, Member of the Royal College of Veterinary Surgeons, England. Philadelphia: Boericke & Tafel, 1896.

It is really an interesting book, and a chapter read here and there at random proves instructive not alone as to the horse but in its intimate relation to the human kind. Mr. Hurndall has given an elegantly prepared book to the profession. We are much pleased with his excellent homeopathic prescriptions, and his faithful adherence to the one remedy. Many a young man going into the country to learn his profession in a practical way, after having seen it done theoretically at the college and surgical hospital for three years, can take no better book with him into this seclusion and grub-period of his existence than this book. He will find that his farmer patients will regard him the more for his

knowledge to help out a favorite horse or other animal when the regular D. V. S. is not to be had. A knowledge of so simple a thing (to any medical student) as tying the surgeon's knot may give him a whole family of good patients and their connections, as was the case with this writer. A colt was bleeding profusely at the navel, as we were driving by. On viewing the case we took some strong twine, tied the surgeon's knot, and quickly stilled the hemorrhage. We got a good chicken dinner at once, and later the whole family and its connections for patients. Mr. Hurndall's book is well-written and partakes in no way of the much-horseness of this class of literature. It is a clean and instructive book couched in good plain English, and, what is more to the point, is homeopathic to the backbone.

REPERTORY OF TONGUE SYMPTOMS. Arranged by M. E. DOUGLASS, M. D., Baltimore, Md. Philadelphia: Boericke & Tafel, 1896.

Another of the B. & T. brochures. It is not a large book, but well-printed and bound, and, from all we can gather in looking it over, and testing some of the remedies, is a correct work on the subject of which it treats. Its arrangement is after the usual mode adopted in such books. It is divided into three parts; the first being given over to the symptoms of the tongue generally; the second to the mouth and tongue symptoms in typhoid fever (a very practical division, by the way); the third deals with the remedies. It is a very handy volume to have on your desk.

THE MEDICAL GENIUS, A GUIDE TO THE CURE. By STACY JONES, M. D., Practicing Physician, Obstetrician, and Surgeon; Actively engaged in the Pursuits of the Medical Profession in Eastern Pennsylvania During the Last Thirty-three years. Fourth Edition. Philadelphia: Boericke & Tafel, 1894.

The titles which Dr. Jones appends to his name upon the title-page, show that a medical genius is at work. Truly this is a medical work of which too much cannot be said. However, we must not let the impression obtain that the words *medical genius* are intended to convey the definition already assumed. Dr. Jones is after the GENIUS of the remedy and not the genius of the man making the application. And when we have made that clear we have said about all that can be said in praise or otherwise of this queer little book. Its date shows that it is not a late book. But it is built after a pattern that can never grow old. Instead of dividing his book into chapters the author puts it into numbered sections. And each section, wherever possible, is subdivided into general indications,

special indications, minute dose, officinal dose, and other important data. It deals with homeopathy, old-school medicine, eclecticism, and every other known form of treatment. Every page is suggestive of practical work and ready and rapid application. It is easy to see how this author was enabled to give us the "Bee Line Repertory." Each section is cross-indexed so that the same matter is never repeated. It is a *multum in parvo*. The suggestions are excellent and helpful in the highest degree. The book is "Dedicated to all Those Who Prefer Curing Diseases, to Contending about Dogmas." It has a most complete Repertorial-Index, as well as a Glossary. When you get the next chance to examine this book do so, doctor, and mark how much information you can gather from reading at ease even a page or two. Then you will want to buy it at once. It is bound in substantial and handsome form, as all of this firm's books are.

AS TO ALCOHOL.

A CURIOUS and rather belated reaction is taking place in the East touching the action of alcohol. A scientific gentleman, a medical man, as we remember it now, a temperate man, too, and by no means an attorney for the whisky trust or any other consociated organization, has given a public lecture, reported in a metropolitan daily, showing that alcohol taken into the stomach has its good effects, and is not always and invariably the horribly dangerous thing which our unco guid folks who say "ad all" for "at all," who fear to put a little brandy into the mince pie or the pudding sauce, have written and preached for a generation. He scoffs at the modern compulsory education of the rising generation in its one-sided physiological studies, and other things of a like nature.

Pretty soon, pretty soon, boofer ladies and gentleorums, there will come on an era of common sense once more to displace our present fad-ridden, microbe-killing generation—that segment of the human family which affects to believe that everything we eat and drink and wear and think and do and say should be so done at the passing caprice of a handful of fanatics here and yon, under the shadow of legislative enactments in all such cases made and provided.

Truly this is a great and FREE country, when every avenue to a just and rational expansion of individual ambition is blocked up and hedged about with legislative barbed-wires and Keep-off-the-Grass signs! It is remarkable, indeed, when one FREE State of our United States sits in judgment on all the other FREE and United States, by passing restrictive legislation to bar out and keep out perpetually the artisans and artists of

every profession, trade, and occupation coming from other of these FREE and United States, unless these said peoples are able to fight their way through the modern trocha—the many State-examinations, the red-tape boards, and requirements of various kinds, sizes, and dimensions. This is Freedom, with a large mental reservation, which enacts oppressive measures to shut everybody out of that heaven-simulating FREE State except the few elect who, by the accident of residence at the time of the passing of such legislation, happened to be there! The importation, bond and duty free, into this country of the German speculation touching the origin of disease was bad enough; but to also import and implant upon our FREE institutions the mediæval ideas of State government—this despicable paternalism—was a misfortune of the highest degree of magnitude, and one which the FREE people of every State of the United States ought to smash into unrecognizable particles!

Obituary.

DR. J. RALSEY WHITE died on Friday morning, March 5, at the residence of his daughter, Rochester, N. Y. The cause of his death was cerebral hemorrhage.

Dr. White was born at Stamford, Conn., in 1830. He was graduated from the Albany Medical College in 1855, and shortly after succeeded Dr. Sumner in the practice of medicine at Gilbertsville, N. Y. In 1865 the doctor removed to New York City, where he practiced continuously for thirty years. In the year 1895, after the death of his wife, he retired from practice and made his home at the residence of his daughter where he died. He was graduated from the New York Homeopathic Medical College in 1868 and was president of the New York State and County societies. He was a member of the American Institute of Homeopathy, Carrol Durham, and Hahnemann clubs, visiting physician to the Ward's Island Hospital, and was at the time of his death vice-president of the Alumni Association of the Homeopathic Medical College. Four children survive him.

Globules.

Oklahoma has one physician to each two hundred of population.

The Southwestern Homeopathic College of Louisville held its annual commencement on April 6, in the New Liederkrantz Hall, Louisville. Rev. W. B. Collins delivered the address. NO collection was taken up.

The Homeopathic Medical Society of Tennessee will meet at Nashville, May 19 and 20, 1897.

Chicago is considering a very wise ordinance prohibiting the sale of all catarrhal snuff remedies which contain cocaine.

New York now has a law making it a penalty for one not a licensed physician to have in his possession an anæsthetic.

The average duration of a doctor's life at the present time is fifty-six years. In the sixteenth century it was only thirty-six and one half years.

The National Confederation of State Medical Examining and Licensing Boards will hold its seventh annual meeting in Philadelphia on May 31.

The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 12, 1897.

The Kansas Homeopathic Medical Society and the State Social Science Federation meet at Hutchinson, May 5, 6 and 7, and are to have one joint session.

Professor L. J. Blake of the Kansas State University will give an evening lecture (May 6) on the X-Rays, using complete apparatus for an original demonstration in locating a bullet in a boy's hip.

Professor E. H. Pratt of Chicago has also promised to attend.

Mrs. Newwife: I bought a lovely bottle of medicine to-day, warranted to cure St. Vitus' dance. I only paid thirty-six cents for it.

Her Hubby: But neither of us has that disease.

Mrs. Newwife: I know; but it was marked down from fifty cents.

Actual occurrence: One of our lady patients informed us one day recently, while being treated, that she had the day before noted an advertisement in a local paper where belladonna plasters were marked down from twenty-five cents each to three for a quarter; that she had sent for three. And what was more to the point, she had put all three to immediate use upon her body!

The Wickliffe (Ky.) *Yeoman* prints the following note received by a Ballard County physician in regard to the condition of one of his patients: "At Home, February 3, 1897.—Dr.—: John has been mending up to three days ago, and he has the colic so bad that he can't eat or drink anything it is heavy aiking in breast and stomach and side. I have gave him aseptity and camphor, pepper tea, turpentine, saults, he has it worse at night. He craves something to eat all the time and he eat mity

harty such as corn bread, meat, molasses, sweet milk, please send him something to ease him. He drink nine cups of coffe a day."

In Yarmouth, Eng., it is said that a strike by the local doctors for higher fees has failed of effect. It seems that those doctors were clamoring for higher fees for club work. Now we should like to hear of a similar attempt on the part of some small specimens of our healing art out in California striking for wages higher than fifteen cents a year for lodge practice *per capita*. The solution of the cheap-lodge-and-benefit-association practice seems to be in the more difficult getting of honest diplomas from colleges. When the four or even the three-year course is rigidly adhered to, with the precedent preliminary entrance examination, then no self-respecting graduate will think of giving his services for nothing. Indeed he can't do it and live even the life of a \$40 a month clerk.

When the gamut has been run of picture-making in the daily press, and the people have had their fill of being gulled by the Saturday morning miracle cures, what will be the next change to be rung upon the patent-medicine gongs? And the same question may properly be asked of the future of advertising. Every conceivable method for attracting the passing readers' attention is now pressed into service with picture, pen, and hand distribution. Will it be a repetition of ancient history: that when everybody uses a former rare article there will be a complete reversion to almost primitive methods for the same purpose? As with electricity for instance. Since incandescent lamps are now become so numerous that almost any family can have them the upper ten are using ordinary wax candles: and handsewing and hand-embroidering are rapidly taking the place of machine work.

During the incipency of chronic gastritis, says Dr. Carter, local treatment is not always essential except in bacterial cases, but is beneficial. It serves to modify the congestion when that is increased, and often allays dyspeptic symptoms even when they are more marked than usual. The use of warm water (105°) with bicarbonate of sodium (three per cent.) for washing out the stomach is frequently very valuable to remove the tenacious mucus usually adhering to the gastric mucous membrane in this condition, and interfering with the proper mixing of peptic fluid with the food. The patient may drink a glassful of the solution before meals or it may be introduced into the stomach through the tube. If the tube is used, the stomach should be filled before allowing any reflow. The cold douche with water at 80° to 60° is sometimes more grateful and helpful than

the hot douche (110° to 125°). A continuous effect may be secured by using a double tube and permitting the inflow and outflow to progress simultaneously; but care should be taken to keep the stomach distended sufficiently to have the solution come in contact with the entire gastric surface. The soda solution dissolves the mucus and the stream washes it away. Weak soap suds may be used with the tube for the same purpose. More satisfactory in many instances is the use of a solution of Hydrozone. A glassful (fl 3 viij) of a two or three per cent. solution may be given half an hour before meals. If used as a douche with the tube a five or six per cent. solution is not too strong, and two quarts the minimum amount. These douchings may be given one to six or seven times a week, according to the requirements of the case, and are frequently all the treatment this stage of chronic gastritis demands, except what changes are necessary in the diet.

Take your wheel with you to Buffalo. Arrangements have been made for its care.

The annual meeting of the Western New York Homeopathic Medical Society took place at Rochester, Friday, April 9, 1897.

Pictures of the Grant tomb, as shown in current *Century*, remind the seven homeopathic doctors who visited Paris last fall that the artist or architect had undoubtedly seen the noble structure which forms the tomb of Napoleon. It is similar in many respects.

Talking about tonics, you will travel many a Sabbath day's journey before finding something that will excel Hensel's Tonicum. We have tried it in broken down conditions, anæmia, chlorosis, etc. It contains iron in a perfectly harmless combination.

An item under heading of the "Dutch Blanket," extracted from the *Eclectic Medical Journal*, was some time since reprinted without credit. On inquiry, it was found that the writing showing the source of the extract had been inadvertently torn off.

In order to be in line for president of the American Institute of Homeopathy, according to some, it is necessary that he shall be 'steen years of age, have been an equally long number of years in the Institute; but such term of service must fall short of being a senior, otherwise he is superannuated. Blessed is that man who can hit the happy mean!

Don't take your wheel to Germany or France. New Jersey is all right. So is England. But Germany and France put so many ifs, and ands, and buts to the question, that you will find it money in your pocket to leave the wheel at

home. Canada is as bad as the countries already named. They are so afraid a United States wheel may be sold in the Dominion.

The twelfth annual commencement exercises of the Cleveland Training School for Nurses of the Huron Street Hospital were held at the Euclid Avenue Baptist Church, Thursday evening, April 8, 1897. At the conclusion of the religious ceremonies so necessary to the proper diploma-ing of the nurses, no collection was taken up.

Our esteemed and enterprising homeopathic contemporaries who have about exhausted their resources in the matter of preparing special features for each recurrent number, and who have had "Diphtheria Number," "Whooping-Cough Number," "Laparotomy Number," "Woman's Number," etc., might with propriety, some of them, issue a "Homeopathic Number."

Nothing has been heard from Michigan for several days. Can it be that the battle is fought and won? Let's see, what day of the week is it that we usually get our grist of Michigan news? Is it not the same eventful morning that we find Celery's Pain Compound occupying the half column of our daily paper with picture of an ex-degenerate lawyer, statesman, cashier, preacher, or Wince of Prales, accompanied by the usual Providence-of-God letter of recommendation? Well, if Michigan is satisfied, perhaps the profession is also.

The greatest event in the history of the American Institute will be the Buffalo meeting of '97, because, says the local committee:

First.—No city in the Union has more delightful weather in June than Buffalo.

Second.—There will be more new members admitted than at any previous meeting.

Third.—Buffalo is accessible by boat or rail from all points of the compass.

Fourth.—It will be the most extensively advertised convention of its kind which has ever been held.

Fifth.—Nature's greatest wonder, Niagara Falls, is at our door.

Sixth.—Because of the foregoing there will be the largest attendance ever witnessed in the history of the Institute.

Seventh.—Because of that fact, interest will be greater and the sessions proportionally profitable.

The American Homeopathist.

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The American Homeopathist.

NEW YORK, MAY 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



E. H. KING, M. D.,
Denver, Col.

ENGLISH HOMEOPATHIC JOURNALISM.

IN a recent number of the AMERICAN HOMEOPATHIST we congratulated English homeopathic journalism, notably at that time the (London) *Monthly Homeopathic Review*, upon its crisp and timely handling of a number of popular subjects, as they bore upon the profession of homeopathy. If our visit—not editorial but plural “our”—if our visit has had such good effect upon the conservative press and profession of England that they are beginning to toil and bubble and threaten to Americanize English homeopathy, we shall feel—again plural, not editorial, “we”—we shall feel that we have not

lived nor taken in vain that memorable trip across the raging main to be present and lend color and dignity to the Fifth International Homeopathic Congress.

These few preliminary twangings of our lyre are occasioned by the reading in the current (London) *Monthly Homeopathic Review* of a ringing and most excellent editorial entitled, “The Ball Rolling” which might very easily issue from the pen of either Porter, Fisher, Aldrich, or Gatchell. It is worthy a second, nay, a third reading. The “Ball” (allopathic usage, surreptitiously, of homeopathic remedies and in a homeopathic way,) is passed back and forth with vigor, it is thrown from base to base with great force and unerring aim until it reaches the home plate.

* * *

THEN the succeeding article by our clever, square-headed and square-toed, old-fashioned homeopath, Robert E. Dudgeon, on The Case of Mr. Theobald, is another of those spicy papers which make Dudgeon's contribution to current literature readable and thoroughly enjoyable. He never whines, or begs pardon, or corrects a standing speaker, or interpolates footnotes; he looks for the solar plexus and strikes for it strong and powerfully from the shoulder. In this quoted instance he leads the most Honorable British Homeopathic Society a ghost dance over the incandescent gridiron—and think of that, ye Americans who visited England and left it believing there was nothing so immutable in England as its reverence for constituted authority and other prehistoric ruins—Dudgeon shies his castor against the policy of “the-weak-and-piping-times-of-peace”—policy of this same hoary and reverent society! He, Dudgeon, asks the B. H. S. to

stop putting out its tongue and turning up its thumb at an unfortunate brother and ex-member whose misdemeanor was that during the heat and blaze of the Mattei craze he translated, edited, and issued that heretical system of practice. For this he was suggestively church'd, so that he stood not upon the order of his going but went; that is to say, he "resigned" from the B. H. S. Then that old-school Vehmgericht—the Royal College of Surgeons—threw him out heels over appetite because they, too, objected to his translating Mattei's book; and as this unfortunate gentleman was practicing for his livelihood under the old-school diploma (as does every English homeopath to-day except those who are ostracized for practicing with an American diploma) when, then, the R. C. S. took away his diploma he fell to the ground. Subsequently, having supped full oft and full upon husks and unpasteurized water, Mr. Theobald realized the error of his ways, renounced the devil and his works, withdrew the obnoxious book from the public, and asked for reinstatement in the B. H. S. But mark the unstrained quality of the mercy of this society: instead of welcoming the repentant ex-member and brother back into the fold, since he came purged of his earlier heresy, and giving him the glad hand of brotherly love and of forgiveness, they rejected him, turned him down, because he had no diploma! Tweedledee and tweedledum? Sir? Well, yes; it looks that way, not to put too fine a point on it. Therefore, when Brer Dudgeon, one of the noblest Romans of them all, steps within the awful circle of the B. H. S. and picks up the gage of battle for a down-trodden brother, he does it in royal fashion, to the admiration of every lover of the champion for liberty, for fair play, and for homeopathy.

* * *

NOTE what he says in the following lines:

Why, then, should the British Homeopathic Society regulate its conduct toward a homeopathic colleague by the persecuting zeal of the irreconcilable enemy of homeopathy, the Royal College of Surgeons? The British Homeopathic Society ought to be the protector of homeopathic practitioners, not the docile executor of the behests of a hostile clique. I do not expect that my opinion on the case of Mr. Theobald will have any effect on the action of the British Homeopathic Society. I belong to the ancient and militant age of homeopathy, and have always deemed it the better plan to resist to the uttermost all

attempts of the dominant school to act unjustly toward their homeopathic colleagues. But now, apparently, "the weak piping time of peace" is upon us, and we meekly allow ourselves to be trampled under foot by the Great Powers of Physic, and are ready to submit to injustice and oppression rather than make ourselves disagreeable to the solemn shams who regulate the affairs of official medicine. Homeopathy never advanced with such strides as it did in the days when we were continually fighting our allopathic foes. So, "my voice is still for war." If the Colleges act unjustly to any of our colleagues, let us show them that we don't care a doit for them, by sheltering and protecting the victims of their injustice.

Nothing uncertain about that, is there? Sounds as if it had been written by some of the aggressive journalistic pens of the McKinley domain. Sounds like the man whom we (editorially and plurally) saw at London last autumn and heard repeat the *old, old* STORY—HOMEOPATHY—defending it against the scientific assaults of a later and bugteriological generation who knew not Joseph. Of course he is right, Dudgeon is. Every man (and woman) of us who saw him in London at that memorable banquet, strong, square, upright, firm and hearty as a man of forty, nibbling at his glass of Johannis (plus), enjoying his cigar, and speaking with a deep, powerful voice, felt glad that it was he, this same Dudgeon, after whom we had read these many years; that it was he, this same square-toed Dudgeon who translated for us—editorially and plurally again—the Hahnemann text; that it was he, still this same lion-browed Dudgeon, who had made it possible for us to learn the tables of the law as they came from Sinai.

* * *

HIS article shows that the B. H. S. is not always considered right, even by its own membership. That the collective B. H. S. gets the credit (?) for doing things which are done in the absence of the actual majority. And we would rather take the word of Dudgeon than the acts of the B. H. S. collectively. Vide the peculiar act of that handful more or less of members who met one foggy, rainy morning up on Great Ormond Street last autumn, and immortalized fourteen of the foreign visitors to the recently adjourned Homeopathic Congress by making them Corresponding members! And among this Fourteen what timber there was, to be sure!

That's right, Brer Dudgeon. Homeopathy knows you of old as its friend and Defender of

the Faith. So does Humanity. Give 'em, the B. H. S. and the R. C. S.—what was it you called it in your article—doit? yes, well,—give 'em doit and lots of it; they deserve it! Always stand by your brother at all times as against the world.

And in closing we again congratulate Dr. Dyce Brown, he of the Abbé Liszt coiffure and the Fra Diavolo moustachios—for we fancy both hair and moustachios go with the trenchant pen referred to, and that he has much to do with the direction of the editorial output of his journal—we desire to thank him for stirring up the stagnant deeps of conservatism, and waking up the profession with eloquent, well-constructed, and incisive editorials on the one hand, and on the other, in admitting and encouraging such powerful articles as this of Dr. Dudgeon's. And perhaps when he—Dyce Brown—enters upon his Nirvana he may find himself in America.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Quinine Amblyopia.—Dr. S. C Ayers³⁸ reports a case of this condition occurring in a girl seven years of age. The child had generally enjoyed good health. She had had elevation of temperature for two weeks or more, and it was feared she was about to be attacked with typhoid fever. The patient then presented an eruption of chicken-pox, and during this time the temperature was far above normal. She was given large doses of quinine for three days, as follows: First day, 24 grn.; second day, 56 grn.; and third day, 26 grn. The child became unconscious after taking the last dose, and so remained for two or three days.

After regaining consciousness she was totally blind. This lasted one day, the vision returning slowly. Later on her color sense was impaired.

Dr. Ayers examined the case two months after the attack, and he found both papillæ pale, and vision 0.6 in each eye. The color sense seemed

to have returned, and the child appeared quite healthy.

In the space of three days she had taken 104 grains of quinine, and, as the writer very truly states, "quite a large amount for one of her age." The brain was profoundly impressed by the drug, evidenced by the unconsciousness for a period of two or three days. The influence on the hearing, unfortunately, was not noted.

He goes on to quote De Schweinitz, who experimented on the influence of quinine on dogs. This last named author says, in résumé, "that we have thickening and changes in the walls of the vessels (endovasculitis); organization of the vessels, as the result of the constriction of the surrounding nerve fibers, presenting appearances not unlike a glaucomatous excavation; and finally, practically complete atrophy of the visual path, including the optic nerves, optic chiasm, and optic tracts, as far as could be traced."

Carbon Disulphide POISONING.—Stadelmann³⁷ had the opportunity to observe three cases of chronic poisoning by carbon disulphide, taking place in a vulcanite factory. In addition to the symptoms of extreme digestive disorders, there were tremor, giddiness, ringing in ears with poor hearing, inability to sleep, muscular weakness, trembling, more or less marked ataxia, strong increase of mechanical muscular irritability, disturbances of sight and sensibility, Romberg's symptom, incontinence of urine, and sexual impotence.

Alumina IN CONSTIPATION.—Dr. J. M. Selfridge²¹ urges the power of the indicated remedy, citing among others this case. March 25, 1896, Miss B. C., a blonde of delicate constitution, being predisposed to phthisis, called at my office to consult me in regard to chronic constipation. She had been troubled for several years, and had taken almost everything in the catalogue of laxatives and cathartics, but, as is usual in such cases, she gradually grew worse rather than better, until now she had given up in despair. There was so much inactivity in the lower bowel that she would go for days without any desire, or until there was a large accumulation in the rectum. These symptoms were so characteristic of alumina that it was given in 200th potency, one powder dry on the tongue

half an hour before breakfast, with blanks to follow; some directions in regard to diet, and she was requested to report in a week. April 1 she reported some improvement. She had had two voluntary stools since her previous visit. R̄ alumina 200th, one dose, to be taken as before, which cured. She has had no return of her constipation.

Ikshurganda.—A HINDOO REMEDY.—Gangadin¹⁹ writes of this drug, which is of very ancient vogue among the Hindoos. He has used it with great success in spermatorrhea and some sorts of impotence. His indications are all causal, as follows:

(1) When the disease is caused by the thinness of seminal matter.

(2) When it is caused by excess.

(3) When it is caused by irritation or chronic inflammation of the prostatic glands, seminal vesicles, etc.

(4) When it is caused by masturbation.

It is useful in both diurnal and nocturnal emissions and in the following kinds of impotency:

(1) In impotency caused by masturbation and accompanied by spermatorrhea, but the vice had not been committed to such an extent as to have damaged the nerves entirely.

(2) In partial impotency or seminal debility caused by excess.

(3) In impotence caused by the diseased state of testes, secreting thin, watery, seminal fluid.

(4) In impotency accompanied by such urinary troubles as painful micturition, inability of the bladder to keep the urine for a long time, etc.

It must be understood that it is more suitable as a remedy for partial impotence and seminal debility than a thoroughly confirmed case of impotency, where the sensation and erection are entirely lost.

He has always used it in 5- to 20-drop doses of the tincture in an ounce of water, three times daily.

Iodic Purpura.—A case of generalized purpura over the trunk and the four extremities, from the ingestion of one gram of iodide of sodium, is reported by Professor Lemoine.¹⁷ This case differed from others previously related

in that the eruption was quite confluent, forming arborizations and streaks over the skin, in its generalization, and in the intense itching that was produced. The purpura appeared twice under the influence of the sodic iodide, and at an interval of fifteen days. The eruptive patches came on a few days after the administration of the drug and lasted for about a week. The patient had congestion of the kidneys and liver, and had previously suffered from albuminuria and jaundice. These latter organs could not perform their excretory functions, and it is probable, according to the author, that the iodide of sodium had to be eliminated by the skin and thus the eruption was produced. It would be interesting to examine, in cases of eruption caused by drugs, the state of the liver and kidneys, as it is probable that lesions of these organs may play an important part in the pathogenesis of said eruptions.

Areca Catechu.³⁶—This drug is very extensively used in the treatment of helminthiasis in dogs, yet it is not altogether satisfactory inasmuch as it presents many elements of danger.

The Chemical News recently chronicled several cases of poison by areca nut where a teaspoonful was mixed with half a teacupful of castor oil, the entire amount being divided among four animals. In less than five minutes they experienced great difficulty in breathing, coughed slightly, and fell down on one side. An emetic saved the life of two, while the other pair died in ten minutes. A third dog, given a like dose, in spite of an emetic died after five hours. An alkaloidal substance was subsequently found in all these dogs' stomachs, but in too small quantity to determine whether or not it was arcoline.

This goes to show that areca nut is far from being the harmless medicament it is generally considered to be, and that it is especially unsafe in the hands of the laity. We may also add the same is also true of castor oil, so far as canines are concerned.

Salix Nigra A SUBSTITUTE FOR BROMIDES.—In acute gonorrhea with much erotic trouble, and in chordee with great irritation, an exchange says:

"Give from 30 to 60 drops of salix nigra on retiring, repeating again at midnight or

toward morning, if needed. Nothing gives more satisfaction than this remedy, as it robs the night of its terrors and leaves no unpleasant consequences in its train. In excessive venereal desire, amounting to satyriasis, this should be the first remedy employed, inasmuch as it controls venereal appetite in a very satisfactory manner.

"We may add it is a very effective substitute for the bromides in the foregoing class of cases, and may be administered when the latter could not be borne, since there is no reflex effect upon brain or nervous system."

Case of Copaiva Poisoning.—Wm. H. Thompson⁸⁷ reports :

On January 5, 1897, I was called to see a young man, aged twenty-six years, on account of a rash which he had first noticed two days previously. He had been treated by a chemist for gonorrhea for three weeks, during which time he had taken three capsules daily, each capsule containing (as I afterward ascertained) *mx* of *ol. copaivæ*. At first sight the patient looked as if he had measles, the whole of his face and neck being covered with an elevated bright red rash. The face and eyelids were also much swollen. On further examination the rash, which disappeared on pressure, was found to cover his chest, abdomen, and upper and lower extremities. His skin was very irritable, and the scratches, which were numerous across his chest, bore evidence to the great amount of itching, of which he greatly complained. There was a very disagreeable odor about the patient, which he himself had not noticed. His temperature was 97.2°; pulse, 110; urine, specific gravity 1030, no albumin, no sugar. On discontinuing the capsules the patient gradually improved, although the rash was evident on the anterior aspect of his thighs seven days later.

Calcium Carbide IN UTERINE CANCER.—In cases beyond hope of a cure M. Sivet⁸⁷ proposes the use of calcium carbide, from which acetylene gas is derived, to control hemorrhages, pain, and fetid odors.

According to the author, the application of the remedy offers no practical difficulty. In cases of cancer of the neck of the uterus, the vulva and the vagina should first be thoroughly washed and disinfected, and then pieces of calcium carbide should be placed in the inequalities of the

tumor. If a calcium crayon is to be introduced into the cervical cavity, it must be done very rapidly, for when it comes in contact with the moist mucous membrane it produces a bubbling, and nothing more is seen of it. In cancer of the breast the cavities are simply filled with pieces of calcium carbide.

As soon as the carbide comes in contact with the diseased parts, acetylene is set free, and escapes with a characteristic odor. In order to confine the acetylene, an ordinary dressing is used on the breast, and tamponing is employed in the vagina. The action of calcium carbide is very rapid; the patient feels at once a burning sensation which lasts for an hour or two, and at the end of that time the pain, the discharge, and the fetid odor disappear. The clot which is formed by the coagulant action of the acetylene presents a temporary barrier, which is sometimes definitive, to the hemorrhage, and when the fetid discharge is dried up the nauseous odor disappears. When the tampon of iodoform gauze which confines the acetylene is removed the vegetations will be seen to be diminished in volume and covered with a grayish eschar, which is easily detached with a blunt curette. It is not necessary to renew the applications of the carbide oftener than every four or five days, unless the hemorrhage should reappear on the day following the first application. If it is necessary to use the nascent lime to hasten the destruction of the neoplasm, the applications of the carbide may be more frequent. In all cases the treatment, being purely symptomatic, should be continued until the fatal termination, which will be more or less retarded.

According to M. Livet, the symptoms caused by this treatment are few; in one case he observed diarrhea, and in another burns on the vaginal wall. Unfortunately, he says, the treatment is painful, and the burning sensation is very intense, and occasionally persists for a long time.

Iodoformism.—Dr. Robert T. Morris⁸⁸ attacks the use of iodoform gauze in abdominal operations, especially in appendicitis cases. He calls the symptoms resulting from absorption of iodoform "yellow exhaustion," as distinguished from "white exhaustion," produced by plain gauze packing. The symptoms of the former

are a little elevation of temperature—a degree or two—increased rapidity in pulse rate, out of proportion to the rise in temperature; a tendency to somnolence, slight wandering of the mind, a disagreeable, persistent nausea, and an offensive breath from eliminated iodine. Without any alarming symptoms, the patient simply does not do well after the operation, has no appetite, no accession of strength, and after a week or two death from exhaustion. Free iodine in the urine and free iodoform gauze in the wound prove the diagnosis, while a decreased mortality after ceasing the use of the iodoform confirms it more positively.

Antitoxin, OR CARBOLIC ACID.—Dr. Henry Croskey¹⁴ compares the effect of antitoxin poisoning and that of carbolic acid in the deadly parallel column, proving them identical. The amount of carbolic acid in the antitoxin is equal to the second decimal dilution, and is given in large dose. He claims that any cures achieved are due to the acid, which then chances to be well indicated. Fatalities following the use of antitoxin are due to the same drug, from this cause. Diphtheria is often followed by the sequel neurasthenia. We can find traces of paralysis all through the course of the disease. It affects powerfully the pneumogastric nerve. Now, if we bear in mind that the carbolic acid center of action is the pneumogastric, we can easily understand why a nerve, already weakened, should give out under the combined power of these two powerful poisons, especially when they are so similar.

Cineraria Maritima NOT A SPECIFIC.—Drs. F. Park Lewis and A. B. Norton have both written¹⁵ regarding their experience with the above drug in cataract. Dr. Lewis says: "I used it very faithfully on cataract cases under my care for a long time, but without any appreciable results." Dr. Norton says: "I do not believe that the remedy is of any service whatever; at least, I have used it, and have been unable to detect any favorable results." Both oculists, however, claim to have seen great benefit result from remedies chosen upon general indications, individualizing the patient. Lycopodium, causticum, phosphorus, iodoform, kali carbonicum, sulphur, nux vomica are mentioned.

NOTES ON DIPHTHERIA.

By J. ROBERSON DAY, M. D., Lond.

ON November 18, 1896, I was called to see Ethel B., age four, who had complained of a sore throat the previous day; I found her with a temperature 100.6°, and on examining the pharynx each tonsil was partially covered with a typical patch of diphtheritic membrane. The lymphatic glands also at the angles of the jaw on both sides were enlarged and tender. I gave her at once merc. bin. 3x gr. j, every two hours; and in the course of a couple of hours I returned and removed a portion of the membrane from the left tonsil for examination and injected 10 c.cm. of anti-toxin serum. I also gave directions for the insufflation of sublimed sulphur into the throat.

On November 19 the temperature was 102.8°, and she had slept several hours during the night, although there was slight delirium. The false membrane on the tonsils had almost gone, only a small patch remaining on each tonsil. Continued the treatment.

On November 20 the temperature was 99°. She felt much better, all the membrane had cleared off the tonsils, she could swallow without pain, and took her nourishment well.

I saw her again on November 21, and she was still getting on well.

An unusual form of diphtheria—unusual, from the situation of the membrane—was patient E. W., age twenty-one, a domestic servant. She was first seen on November 21, but had suffered from a "cold" for about one month previously, which had been followed by loss of voice. The previous day she had felt "ill in herself," and the cough caused pain in the throat, and the expectoration was difficult to get up. On the morning of November 21 the expectoration was different in character, consisting of tough whitish membranous shreds, which were coughed up with great difficulty. Some of these pieces were four inches long, and at first sight had much the appearance of a tape worm. Her mistress said she became quite blue in the face, with her efforts to get these pieces up and appeared to be in great danger of suffocating. I first saw her at 9.30 p. m., with a temperature 102.6°, and advised her removal to the hospital

early the next day. I gave her merc. bin. 3x. gr. j, every two hours, and secured a specimen of the membrane for examination. The pharynx was somewhat redder than normal, but no false membrane could be seen at all. The patient was aphonic, speaking in a whisper, and somewhat dusky in color. She could swallow with some pain, but without obstruction.

Owing to the next day being Sunday, my patient had great difficulty in obtaining an ambulance for her removal, and I was asked to see her again, as she seemed very bad. At 4.30 p. m. (November 22), I found the temperature 103.2°, and the same large pieces being coughed up. I therefore injected 10 c.cm. of the anti-toxin serum, and ordered kali bich. 3x *m* iii, every two hours to be given as soon as she arrived at the hospital.

On November 23 I saw her in the hospital, where she had been placed under the care of Dr. Moir, to whose courtesy I am indebted for permission to make use of the notes of the case. She had experienced very little difficulty in breathing since her admission. The cough was looser, and the expectoration came up more easily. The notes* thus describe her condition: "Patient is a well-nourished girl, with a good color, and does not look ill. The voice is replaced by an aphonic whisper. There is a loose cough with fairly copious opaque white membranous expectoration, but no stridor. She has pain in the throat on swallowing. Tongue moist, covered with thin layer of white fur. Appetite good. Bowels regular. Pulse 108, regular, good wave. Respiration 30. Temp. 101.8°. Heart normal, with exception of indistinct first sound. Lungs, a few rhonchi. Abdomen normal."

Urine contained a decided trace of albumen. Turbid, with urates. Acid. Sp. gr. 1030.

Larynx.—Arytæno-epiglottic folds red and swollen; cords not distinctly seen, no membrane visible. The fauces are somewhat red, and there is a speck of whitish exudation about the size of a pin's head on the right tonsil.

November 24.—Cough looser. Expectoration much easier; has had no difficulty in breathing since admission. T. 100.8°.

*My best thanks are due to J. H. Bodman, Esq., M. B., B. S., Lond., for the carefully reported notes.

November 25.—Coughed up several large pieces of thick white membrane yesterday, some two inches long by $\frac{3}{4}$ in. broad.

November 27.—Much better. Breathing easy. Has not coughed up any more membrane. T. 98.2°. P. 76. Voice returning.

November 28.—China 1x. *m* v, ter die substituted for the kali bich., and later on a change of air to the Convalescent Home will probably complete the cure.

On November 24 I received a report from the Clinical Research Association, "After incubation on blood serum the resulting growth consisted of a pure culture of Klebs-Loeffler bacilli. The specimen may therefore be considered as the membranous exudation characteristic of diphtheria."

This is the *fifth consecutive* case I have this year had the opportunity of treating with the anti-toxin serum. The results in all cases have been eminently satisfactory. Two of the cases were of extreme gravity. In all cases the diagnosis has been verified bacteriologically. The serum used was dated as having been prepared on February 10, 1896, thus showing it will retain its properties for a considerable time, and was unimpaired by summer temperature.

TALLY ONE FOR BUFFALO!

THE Local Committee of Arrangements at Buffalo, among other promised things, says that no entertainment will be bulletined for such times as the Institute has any serious business on hand. Rings like the true coin, doesn't it? We heartily commend this wise action, and hope the committee will experience no difficulty in carrying out its promise, knowing, as we do, that this will be thoroughly appreciated by the membership. There has been much complaint of late years, as frequently intimated in these pages, of the rapid encroachment and threatened supremacy in the Institute of the local committee's programme; in short that the Institute's business was taking a back seat while the entertainment programme was pushed to the front row and kept there. We know that last year considerable jangle was occasioned by the insistence of the Detroit committee to have more of the Institute's time than could be reasonably

given, considering the short period to be allotted for the whole Institute to be in session; it required some finesse on the part of the Executive Committee in order not to offend the local people. Those of us who were present at Detroit will remember some of the inconveniences occasioned by the domination of the local committee.

In one other direction the local committee at Buffalo has shown commendable enterprise, namely, in the promised greater gathering together of new members. If it will do this—increase the number of new members at Buffalo—it will render itself famous not alone as a host, but will set a luminous example to all after-coming committees of such practical value as to make its work imperishable. Let it be understood and remembered that however much a man likes to have his stomach filled, and his funny bone tickled, that *that* is NOT the best way of filling the ranks of the Institute, nor of perpetuating a great truth. The young doctor with only a few years of experience behind him, who has but now taken down the “walk in” sign from his front door, and no longer has more than five conspicuous signs on and about his house, but still of necessity rides his cart at all hours of the night, through all kinds of weather and mud, will not over-gladly pay \$7.00 to the Institute for initiation and membership, \$15 to \$25 for railway fare, and \$4 a day to a headquarters hotel (unless he wants his culpable poverty ineradicably stamped by going to a \$3 a week boarding house) unless he can secure something at the Institute’s sessions beside a free ride about the suburbs, a free jaunt on the river, a free trundle over the asphalt pavement, or to Niagara Falls at excursion rates. And it is the young doctor on whom the Institute most depends for its continued existence and success. Were the American Institute of Homeopathy simply a higher lodge, a grand lodge, composed of delegates from a number of subordinate lodges in which, the latter, the real work was done, as with the Odd Fellows or Masons, etc., then the idea of an annual jollification, with badges flying from coat lapels, could with more grace be entertained. But this is absolutely not so. The Institute is tributary to no other body of men or women. It is unique in that it is

itself the working body. And the results of its labors are looked forward to and treasured up as important life-saving helps. Therefore we insist that the Institute’s first business is to attend to business; after that the entertainment.

The action of some former committees in arranging for excursions and entertainments at such times as there must of necessity be sections in session was an unpardonable blunder, to put it in no more binding language. Every chairman of every bureau is entitled to courtesy from his entertaining brethren. It is an absolute injustice to put a pleasure party down for the same time that Dr. Brown-Smith or Dr. Jones-Robinson is billeted for his Bureau on Obstetrics or Materia Medica. Dr. Brown-Smith and his members have given much time and thought and learning to the making of their subject attractive, and any act on the part of anyone tending to deprive him of his section of an audience is wrong and should be stopped.

The Buffalo Committee is going at the work in the proper spirit, and much will be done to undo the unintentional injury of former committees.

PRELIMINARY EDUCATIONAL REQUIREMENTS.

SHOULD the youth graduated from one of our medical schools, and of recent date, who gave the following answers in his final examinations be passed to the High and Most Honorable Degree of Medical Doctor?

1. It is the mode of nature Humane and animal [for] Multipling Human life.
2. Normal labor is the Natural expulsion of the fetus through the Normal Passage uncomplicated.
3. 1. the Amnion 2 Lontois 3 chorium they form the Amm. Mucus Membran they form within the uterous
- 4 The normal Presenting Part of the fetus in the Birth canal the Part Presenting.
- 5th. In the Prinagravity the Parts are more tence more rigidity of the abdominal Mussels the Mamma is Hard os flaby Niples small uterin walls tence Hard the servix is rigid the vejinol orefis is rigid les yielding Vericose condition over abdomen
- 6th. the Principal Parts or simplisis Pub the diferent diamters of the Pelvus transvers oblique Anterior Inlet external outlet
- 7 chemicals Mechanical axcidental constitutional diseases Criminal

8 Podalic and cefalic Bi cefalic changing to a head from transvers Podalic complete version feet Bi—— Butix or Breach

9 Paralysis of the Bladder or Lower extremities destruction to the Soft Parts Paralysis to Racton. Might caus convulsions due to Nerve Pressure. and great danger to Pernum

10 Tubercles Valvular trouble Heart tumor Soft Parts Osious diseases carcenoma Syphilis or any disease that endangers the Health and life of the mother. deformed Pelvis in any way to make Birth at full term Impossible

11 It means very grave affairs unless controlled in Short time. Death by Shock or colaps. or a retained Placenta trouble

12 dangers are death from. Hemorrhages to the mother. 20 per cent death in mother and 50 per cent fetus mother dies from colaps fetus from Suffocation.

13 Laceration of Servix and Perinum and Soft Parts:

14 when the Bony diameter of the Pelvis is less than 3-4 inches the oblique diameter less than 3 in any groove within in the Pelvis or Birth canal dead fetus Hydrosetus undilated servix contracted Pelvis

What the questions were, eliciting these answers, any graduated physician can readily supply notwithstanding the peculiar phonetic language. Will this graduate of a modern medical college—a college, too, which makes much use of the Preliminary educational requirements in its annual printing, and, then, apparently mislays the requirement until it seems fitting to take it out again for a genteel airing on the night of the preacher-bitten Commencement—will this perfectly legal graduate of medicine dare apply to New York or Pennsylvania or even Minnesota for permission to engage in the legitimate practice of gynecology via the vejinal orifices and adnexa as well as the official philosophy upon the Racton?

If an old man, or a middle-aged man, who had practiced medicine for seven or eight years or more on the frontiers of the west, and who, either because of the requirements of newly made laws, or because of a feeling that he needed Further Light—if he came up to the city and took a finishing course and gave evidence of such illiteracy, much could be forgiven. But for a young man or woman to indulge in bad grammar and poor spelling, while it does not necessarily presage a poor doctor, it does show

that something is radically wrong in a system of medical solicitation and examination which permits that young man or woman to become a medical graduate. Does this not argue that the preliminary requirements ought to be lifted out of their syndicate bed of roses and put into the actual requirements of the curriculum of the college? Otherwise is it not a fraud to lull the dear, trusting, protected people into a belief that every man or woman, arrayed in mortar board and mother-hubbard, issuing from a modern medical school, is a well-educated and well-trained physician? Would it not be the part of practical wisdom to lop off some of the church fold-de-rol in medical work and give the students a little more practical instruction in medicine and some other things?

ST. LOUIS GRADUATES.

TWENTY-SIX graduates of the St. Louis Homeopathic Medical College were made the heroes of the commencement exercises on April 8, says the *Globe-Democrat*. We discover several changes in the usual order of this annual ceremony, and notably the absence of that prayerful exordium by some anxious elderly professor to the class to be good men, true men, Christian men, men without gall or guile, reminding of the distinguished example and precept set by the professors at all seasons; to be sure to read prayer at least twice daily, eschew poverty and fine-cut tobacco, and keep out of the county jail. The comic element likewise seems to have been eliminated from the diploma and prize giving. But we mark with keen disappointment that our alma mater still clings with doubtful tenacity to the primitive giving of blue-ribbon-county-fair prizes for superior excellencies in this, that, or the other study—thereby offering some ethical non-advertising professor or pharmacy an opportunity to secure a one hundred-dollar advertisement for about fifteen dollars or less. Also that the college has not yet been able to rid itself of that relic of the middle ages—the employment of some preacher-man to act as Master of Ceremonies, and, forsooth, giving the FACULTY address! We still indulge the hope that after another generation or two of experience has

been added to the destinies and history of our "cherishing mother," more progressive policies will dominate the school, so that the chief thought obtaining in all its departments will be the giving of the best *medical* education, without promise of sponge-cake or ice-cream or yellow-ribbons for staying in at recess and getting Marmion or Casabianca "by heart," or some other equally dramatic piece or two. Are we not a learned profession? Why then trench upon the preserves of either of the other learned professions? And certainly that relic of the paper-glazed-windows and little red-brick-school-house period, and the village Sunday school, of offering cheap Reward-of-Merit cards in three colors, ribbons, medals, buttons, books, or even ten-dollar gold pieces artistically disfigured and engraved as an inducement to greater study and application of grown men and women, might safely be relegated to the medical lumber room where now rest so many of the ante-homeopathic medical fads. This criticism has naught to do with the value of the medical instruction given at this school, which is good, nor with the merit of the twenty-six who are now thrust out into the practical world to earn a living and gain fame and success. Our best wishes go with them.

ULTRA-PARTISAN JOURNALISM.

THE *American Medical Journalist*, a new venture in the printing and publishing field in St. Joseph, Mo., enters the work with a misnomer title, in that it should be the *Allopathic Medical Journalist*, instead of that which flies from its mast-head. It is but too evident that some narrow-minded, old-school scissorer is on the tripod, and every man or thing failing to come up to the mark of this scissors-man falls to the ground. It has a letter from Philadelphia by one M. V. Ball, under the alluring title of "The Medical Press of Philadelphia," and in that whole article, covering a page and a half of press gossip, is mentioned every little whippersnapper old-school medical journal, but carefully omits all mention of the *Hahnemannian Monthly*, the *Homeopathic Physician*, the *Homeopathic Recorder*, and other journals of years and years of existence and prestige and subscription in that city. It is so clearly a purposed slight that it is

offensive. The *Allopathic Medical Journalist* has narrowed its field very perceptibly when it entered the arena as a new journal, ostensibly for the American medical journalist, but in reality only for the allopathic members of this Mutual Admiration Society. If Charles Wood Fassett, editor, is a medical man, he should emulate some of the greater lights in journalism in his own school of practice, notably the *Medical Record*, the *Medical News*, and several others, and give the poor homeopaths a little show occasionally, and not ignore them completely. Not that the homeopathic journalists have any ambition to be heralded through this pretended journalists' journal, but because it would look more as if this "Wood Fassett" would be sincere and honest.

A CONSUMMATION DEVOUTLY TO BE WISHED.

THE title and opening paragraph of an editorial in the New York *Medical Journal* of current date, *i. e.*, "A Notable Consolidation of Schools," having reference to the union of Bellevue Hospital Medical College with the Medical Department of the New York University, causes this editor to wish that something similar might be chronicled of the Cleveland homeopathic colleges, and by such act unite the profession in one strong fraternal bond. But this consummation devoutly to be wished seems to be as far distant as ever, if one may judge by the responses received and the *silence* of those most directly interested—the faculties of the two colleges.

The two principals in the original quarrel have both ceased from active participation in the strife: the one, in the fullness of his time and honors, by death, the other, by resignation and total withdrawal. Still the puerile strife goes on. If a man within the school dares make a proposal looking compromise-ward he is marked an apostate; if from without the charmed circle, he is impertinent, meddling with something that does not concern him. And there you are: damned if you do, damned if you don't! Is it a fact, however, that it is nobody's business but the faculties' whether the schools at Cleveland continue in arms against each other or lie down in peace and harmony? Is a medical college a private institution, disregarding of the public, indifferent of the profession, and unmindful of the future interest of the school as a school and not merely as a college? Have not the laity, even, an interest in having the peace policy dominate?

It pleased and surprised this editor (who was

temporary custodian of the answers returned to a recent proposition of amalgamation), to note the change in feeling touching peace. He was pleased to read the magnanimous responses of several of the old and actual participants in the original struggle; and it would have amused him, had it not been a melancholy reflection, to note the bitterness of vituperation with which a few of the more recent acquisitions to the college corporations treated this proposition. It was found, in the late Civil War, that those who had done the actual fighting, the real soldiers in the field—when the war was done, quickly forgave their former enemies, as witness that memorable scene, in particular, at Appomattox; and, again, later, at the funeral of the chief (soldier) actor! It was the sunshine patriot, the summer-day soldier, he who had remained at home, who bought a substitute, or had summer-resorted a good deal in Canada, who continued to fight the most virulent of battles, and who even to this day is engaged in raking up Andersonville and Libby and declaring eternal antagonism between the blue and the gray.

It was evident to the editor on pondering carefully the answers returned, that those who were most opposed to a closing up of the gap in the amity of the two schools were chiefly the younger element, and of these notably the surgeons. These affected to believe that the continued severance was the best thing that could happen for the profession. Look at us, say they: We're all right. There's room for two colleges in Cleveland. Let each fellow grub for himself. We had fifty-nine graduates, while the other fellow only had fifty-eight and a half. Get out with your peace-policy!

It is, therefore, very evident that so long as students can be found to make even a medium-sized class for each college, just so long the amalgamation will prove an impossibility. No change may reasonably be expected from within the college circle; they have eaten of the lotus and are content; the change must come from without. All efforts looking to a union will be met by this peculiar policy of self and pelf. And those who can look beyond the college cash-box, or the immediate revenue to be derived by the younger surgeons, shall have naught to say. Oh, it's a great thing, this rule by fight rather than by peace: this stirring up of the animal in us rather than appealing to the softer and more beneficent spirit of arbitration!

A physician in Calcutta, reported in *Popular Science News*, has found that a paste made of powdered ipecac and water will remove the smarting and inflammation of bee-sting, if applied at once.

INTERESTING LEGISLATIVE CONTEST IN CHICAGO.

WE'VE been having a scrappy time of it over here in Chicago over the subject of medical legislation these past weeks. It would have done your very soul good to have been present at some of the meetings of the local society and have heard the tilts between Mitchell, Gatchell, Crawford, Halbert, and one or two others on one side and Fisher, Beebe, Foster, Cowperthwaite, Duncan, and some others on the other side. At one meeting Vincent, the homeopathic member of the State Board of Health, was present to defend and express himself, and at another Bascom of Ottawa, was on hand to say his little say in a jolly, good-natured manner.

To begin at the beginning, someone called several members of the three professions together in a sort of conference-meeting last fall, the idea being to frame an examining-board bill for the legislature to work upon when they get through with street car swindling measures and other obnoxious legislation. The moving spirits in starting the ball rolling were our Vincent, John B. Hamilton, Scott, secretary of the State Board of Health, and one or two others. The meeting was a love-feast. Wilson Smith writes in the *Century* that the brethren fairly fell upon each other's necks. But they made faces behind each other's backs as they hugged, just the same.

Well, the conference decided to have a bill drawn which should protect the three schools alike. The bill was presented to the legislature, however, without being submitted to a public gathering, and it was thought by Gatchell, Crawford, and Mitchell that we were being sold out. A hurried consultation was called, these gentlemen and Delamater and Weirick—I believe these were all—getting together and framing a three-board examining bill, which they at once sent to Springfield and had introduced as an offset to the one-board non-protective measure which Vincent had agreed to as satisfactory to our side. This three-board bill is as long as the moral law, and if enacted would be as difficult of observance as that documentary code seems to be with most people these days.

In time there came a meeting of the city society. Gatchell is president, or was then, and as soon as the professional part of the programme was over he and Crawford, with great flourish of the personal pronoun, first person, loudly proclaimed the situation and told how they had lain awake o' nights to save the profession of Illinois from complete annihilation. They gave the society hurried glances of their legislative measure, it revealing the intention to have three separate examining-boards of nine members each, to be appointed by the Governor, by and

with the advice and consent of the senate, and the creation, also, of a medical council, to be composed of the presidents of the three State-boards, the president of the State Board of Health, the president of the University of Illinois, the Superintendent of Public Instruction, and the Attorney General, this council to pass upon the work of the three examining boards—and pronounce it good, no doubt, as a matter of form—the whole making an exceedingly complex and bungling arrangement, a top-heavy affair in the eyes of most of us who have taken just enough interest in it all to keep track of where we are at.

The measure provides that no physician shall be allowed to practice in this State except those qualified under the present law, without having first passed examination before this board. The fee for the examination is to be twenty-five dollars, all over and above the expenses of the board to go to the medical department of the University of Illinois, now established in the College of Physicians and Surgeons, this city. Then, too, each and every doctor in Illinois is to register his place of residence, name, age, where he was born—and where he expects to go to when he dies—and a lot of other such stuff, each and every year of his existence, for which he is to pay a dollar each and every per annum. There are about ten thousand of us, and thus ten thousand dollars more would go to the examining board and the allopathic college recently adopted by the University.

Fisher was the first to take exceptions to the proposed bill. He did it in an unusually quiet way, for him, making the hair stand on end without trying to, effecting a strong argument while doing it in a dispassionate spirit which won lots of votes to his side. He was followed by Dr. Beebe, A. G., who agreed with the previous speaker fully. Duncan, Thompson, and one or two others recorded themselves as having interrogation points about the desirability of the bill.

Vincent, who had been severely scored by Gatchell and Crawford for having agreed to the one-board bill before the legislature as satisfactory to our profession, defended himself in a full explanation, which took well with most of the members, it not setting well with Gatchell and Crawford, however. These gentlemen seemed to have it in for him. And when Gatchell asked him, Vincent, how it happened that he, Gatchell, had not been written to in answer to his letters about the matter, he, Vincent, replied that it was because they were not couched in gentlemanly language. This was hot-stuff for Gatchell, and he squirmed. But Vincent stuck to the text, and it is doubted if anyone not prejudiced beforehand left with the idea that the old gentleman had sold us out at

all. His defense for agreeing to a bill which did not mention the three separate schools by name was that competent legal authority which had been consulted on this very point gave the opinion that under the constitution of this State this would have been unconstitutional. But what did Gatchell and Crawford care for this? Had they not reached the conclusion that Vincent had sold us out? And was not that enough to settle it for all time?

At the finish Crawford introduced a set of resolutions bearing on the question, the last of which urged the legislature to pass the three-board bill. Fisher was ready with a substitute for this which approved of the promptness with which Drs. Gatchell, Crawford and others had acted, but urged the passage of the three-board bill only as a *dernier ressort*, or words to this effect, his intention evidently being to have the one bill kill the other. His substitute carried the measure away from the informally constituted committee to the regular legislative committee of the society, whose composition the president, Gatchell, had not been able to recall. Fisher is a member of that committee, or was then. This may have been the reason Gatchell did not recall its composition. There are people here who think this way. However, Fisher promptly gave the society the names of the committee: Mitchell, Cowperthwaite, Skiles, Thompson, Duncan, Crawford, and himself—whereat the laugh was on the president. The substitute carried, and the society adjourned with the impression prevailing that Fisher had won out and that Gatchell and Crawford were chagrined thereat.

A few days later the legislative committee met, when the chairman, Mitchell, ruled that the subject was an open one, having been sent to the committee for its action, without instructions. It is said Fisher did not agree to this, but that there were enough present who differed with him as to the purport and wording of his substitute to make the question an open one. Cowperthwaite, who had not been at the society meeting, opposed pushing the three-board bill, or any other examining board measure. So did Duncan, and so did Fisher. Crawford, Skiles, and Mitchell were the three other members present, Thompson being absent. Crawford and Skiles voted to push the measure; the three named as opposed voted the other way; Mitchell was in the chair and could vote only in case of a tie; so again the hurriedly drawn and top-heavy bill was "trun down."

But still they were not happy. The society had been meeting all winter on the third Thursday of each month. Under the by-laws the second Thursday was the correct date. But these had been overlooked until the question

arose, "Who form the legislative committee?" when they were gone over. Then it was found that the meetings had been held out of time, and the April session was convened three weeks after the March meeting only. This was election night, and a ticket and new legislative committee had been agreed upon by the leaders, so that from now on the three-board bill was to have smooth sailing. But the matter was again discussed under the report of the chairman of the legislative committee, who, although in committee-meeting had declared the substitute motion against pressing the measure before the legislature as carried, now reported to the society that the committee were a tie, and referred the matter to the society for settlement. This was a surprise to the other side, who could not understand how the chairman could make such a report after having announced the substitute as having passed by a vote of three to two, himself in the chair and not voting.

The renewed discussion was tinged with a little show of bitterness on both sides, in fact, was energetic to an interesting degree. But Bascom was present, and he good-naturedly objected to all references on the minutes which reflected on Vincent or anyone else, and a motion was carried to expunge from the minutes all reference to the legislative subject. Then election of officers followed.

Dr. Crawford was chosen president, Dr. Adams first vice president, Dr. Bruce second vice president, Dr. White secretary, Dr. Grosvenor, Jr., treasurer. Then a committee was appointed to nominate a new legislative committee. Two or three times this "new" committee was referred to before the time came to select it, showing that a "new" and perhaps a less independent committee had been decided upon. And so it proved. Cowperthwaite, Fisher, and Duncan were dropped, as also was Thompson, although he had taken no part in the opposition to the three-board bill except to express disapproval of this type of legislation in general. Mitchell and Skiles were retained, and Gatchell, Halbert, Weirick, Roberts, and Crutcher were added. The legislative matter now went to this new committee.

A few days later a special meeting of the city society was called and the straw was again thrashed. Crawford was in the chair. His "impartial presentation" of the whole subject was foxy, very foxy, for a strictly impartial presentation; but it went, and the society settled down into another pitched battle. Mitchell opened the ball in favor of the bill. Foster opposed it. McIntyre followed in opposition. Fisher analyzed his position and opposed the bill warmly. Gatchell and Halbert each had something to say in favor. Fisher

offered a substitute to Mitchell's resolution of endorsement, proposing that we urge the legislature to pass no new medical laws this session, but that we try to improve the present law where it is found to be weak. This was voted down by a majority vote, and Mitchell's resolution was adopted by the same vote—perhaps twelve or fifteen voting for it and two-thirds as many against.

And now, after all this fuss and feathers, Crawford tells me that Mitchell has come to the conclusion that it will be wiser for us to press the three-board bill only far enough to kill the one-board measure. The latter has been pocketed by the senate committee and will hardly see the light of day. The three-board bill has as much chance for its life as Gatchell has of getting married; it will likely go the way of all the earth in due course of time. The determined opposition manifested in the consideration of this measure before the society has not become dormant by any means. Those most earnestly opposed to it have transferred their opposition to Springfield, and are said to be quietly but effectively working there.

It has been a pretty fight. All sorts of combinations and pools have been revealed. Only members of the two old colleges are taken into the ring, with the single exception of Crutcher. You know Crutcher; so do we. It is a significant fact that during the whole course of this discussion only a few men are engaged in attempting to shape legislation for our State. At the final vote not more than twelve or fifteen voted to ask the legislature to pass the three-board examining bill measure; yet there are a thousand homeopaths in Illinois, five hundred and fifty of them in Chicago. Surely if there were any great demand for a new law, such men as Ludlam, Streeter, Hale, Kippax, Pratt, Allen, Hoyne, King, Beebe, Foster, Cowperthwaite, Tooker, Fellows, Bailey, Stearns, Williams, Shears, Arnulphy, Leavitt, and an hundred others who might easily be named would be bestirring themselves to action. It is an equally significant fact that Mitchell alone of these supporting the measure is locally accounted one of the strong men of Chicago's profession. And it is usually thus in medico-legal agitation.

A LOOKER-ON IN VENICE.

A RARE INNOVATION.

THE Ohio Homeopathic Medical Society, at which the editor of *The Clinique* will give the address will meet at Akron, May 11-12. *The Clinique*. What's that? Can that be a misprint? Is it possible that a medical address is to be delivered by a medical man? Has there at

last appeared upon the horizon of medical addresses a society which does not feel itself bounden to hire a neighboring preacher to deliver its address? Wall, I want ter know! But, of course, it's the Ohio Society, and Carter is running things at Akron. And what that fellow Carter will not adventure, in order to make medicine a success, isn't worth adventuring upon. And then there's Ludlam, the editor referred to,—where could a more interesting and instructive speaker have been selected to deliver the society address? Yes, we are progressing. And pretty soon some one of our homeopathic colleges will dare to retire some night without first looking under the bed: that is to say, will dare have a commencement, or a closing, or a corner stone laying, without farming out one of the chiefest functions of that occasion, the Faculty Address, to a near-by preacher! Twenty-one men, and one woman, and no one of that assortment with sufficient brains, or not enough in the composite round-up of gray matter, to deliver the Faculty address! Hail to you Editor Ludlam! We are going to let "that obstetric case" go by via naturalibus, or any other bus this time, and come to Akron to hear you.

DEAD TO THE WORLD!

DR. GEORGE B. PECK, of Providence, recently secretary of the National Homeopathic Association, will be ordained as a minister in the Baptist Church, Newport, R. I., on April 16. The ceremony will take place in the First Baptist Church, of which he is a member.—*Boston Transcript*.

Well, by George! What next? So he has taken the veil! And will be no longer interested in obstetrics and summer complaints and the American Institute of Homeopathy. This is *so* sudden! If this be true, then it will in much account for some of the singular things noticed in his bachelor make-up. So he has— notwithstanding our recent frequent admonition and caution about clergymen's interference in medical matters—gone and reversed the argument! Next thing we know he will get married, raise a peck of smiling, mild, and gentle children, and, as a climax to this chapter of unreasonable things, run for Congress, or get hanged. Still we sorrow not as one without hope, but rather as one trusting his own predictions may be false, or that the news is either of the Monday morning war news or the Saturday morning patent-medicine news order. Well, well!

Book Reviews.

RANDOM RIMES.—Medical and Miscellaneous. By Drs. N. W. and J. P. Rand. Boston: Otis Clapp & Son. 1897.

It would seem that the arduous labors of a rough and tumble medical life cannot wholly crush the innate lover of music and poesy. Of the former we have a noted and loving instance in Allen of New York; of the latter we shall mention instances later. When we remember how difficult and taxing it is to follow the practice of medicine, especially in the earlier years of "working up a practice," and how, during that time which tries men's souls, the poetry in us is apt to be crushed out of all recognizable semblance, it is truly remarkable that it finds place anywhere in the busy practitioner's life; even after he discovers the ground under his feet become steady once more. But it appears that this is the pleasant way in which several of our brethren elect to occupy the leisure hour. In the past five years we have found several brethren (are there not also some sweet-singing sisters somewhere?) who bestride the medical Pegasus. There is Helmuth, the Sweet Singer of New York, and Thomas P. Wilson of Cleveland and Charles E. Walton of Cincinnati, and H. W. Roby of Topeka, and others whose names do not come to us at this instant moment of writing, all of whom have contributed of their lore and music to the beautifying and uplifting of our profession. And now we learn that our good friend and homeopath, Dr. J. P. Rand of Worcester, Mass., has been lighting up the gloom of his routine with catchy bits of song, which, together with his brother's quota, lie before us under the book-title of "Random Rimes." It is needless to say to those who know us well that we are not a poet; and that rhymes which do not rhyme quickly and musically do not often attract our editorial attention. We skip with much promptness the poems to be found in our purely "literary" magazines, as well as our *Weekly Christian Baptisia*,—these poems in the former instance being seemingly used merely as "fillers" for an incomplete page of prose matter; and in the latter are placed regularly at the top of third page, first column, immediately after the journal's advertisement of prizes given for securing without experience or detention from business in a sealed and plainly addressed envelope, twenty-three or fourteen new subscribers to the *Baptisia*. But turning to the Rand Rand-om Rimes we open at once upon "The Cycler's Song," and have no trouble in being interested and entertained. So we turn in desultory fashion to "The Homeopath," "Maud Muller (Medicated)," "Lines to a Mi-

crobe," "Nostalgia," "His First Pair," and feast our starved intellect upon the little rhymes and catchy things which J. P. has set out. The other Rand makes a decided hit in "The Sekret of Sukces," "Sons of Hahnemann," "Pat's Philosophy," "The Honest Man," "The City of Peace," and others of a similar vein. We are pleased to welcome this little book to our front table; it is one which, like *THEY SAY*, has already become popular with the waiting patients. Not being a poet we are in no condition to describe the kinds of meter used, the length and strength of lines, nor whether they are trochaic, or simply trochas, whether iambic, or platonic; but we do know that they all jingle and ring and sing with sweet music and apt sentiment; and that it is a book to carry in your overcoat pocket when you are likely to be kept in that tedious obstreteric case "seven miles from a lemon." We congratulate the Brothers Rand upon their book, and wish them well. We congratulate ourselves as a profession that we have such tone masters among us; and we still further congratulate the laity that it has men to minister to its physical infirmities who are moved by the beauty and sweetness of life and eternity, and not given over wholly, as so many of us are, to the mad pursuit after the golden calf. Which reminds us to say that the book, well printed on good paper, handsomely bound and sent by mail, costs \$1.07.

Globules.

Wm. M. White, M. D., has just been re-appointed to a third term as health officer of Amsterdam, N. Y.

"Where was Magna Charta signed?" asked a teacher in a London boarding school.

"Please, sir, at the bottom."—*Tit-Bits*.

According to the local health department, there are now about twenty thousand cases of pulmonary phthisis in the city of New York.

Health signs are being placed in Chicago street cars, warning the public against their spitting therein under penalty of fine and imprisonment.

The noted Parisian ophthalmologist, De Wecker, is opposed to enucleating for ocular tuberculosis. He removes only the infected area, if accessible.

Dr. Rossel, superintendent of the children's department of the Berlin Institute for Infectious Diseases, states that forty per cent. of the patients under ten, who have come as a rule to be treated for diphtheria, were afflicted with tuberculosis.

Matthieu, in the *British Medical Journal*, states that he has obtained excellent results in the vomiting of phthisis from small lumps of ice swallowed just after eating.

J. Hilton Thompson reports in a late number of the *British Medical Journal* several cases of early catarrhal phthisis much benefited by systematic inhalations of oil of cinnamon.

Bouchard has used the X-rays with success in the diagnosis of tubercular consolidations and cavities, getting definite results in a few instances where the physical signs had not yet developed.

The city government of St. Louis has sanctioned the ordinance prepared by the health commissioner requiring all cases of consumption to be reported, and all premises vacated by consumptives to be disinfected.

Mr. F. L., a professional house painter, occasionally afflicted with colica pictonum, immediately relieved of pain and trembling by repeated doses of Celerina given in milk.—*A. O. Stimpson, M. D., Thompson, Pa.*

Don't forget your State society meeting, and this has reference in especial to the Michigan folks under the presidency of Dr. MacLachlan. There ought to be a good turn-out to hear what the indefatigable president has to report of his stewardship for the past year.

Every medical man should be a member of a medical society. He will never know how great a man he is till someone praises him in a discussion, nor how small a man till some pompous fellow-member takes him to task, but all this serves but to round and smooth a busy life, and no one can do without it who desires to be a physician in the highest acceptancy and not a man who doctors.

Our proving of remedies must be limited largely to functional symptoms, and a very respectable part of our materia medica is composed of clinical symptoms. We know that in some cases, especially since Dr. Mitchell has been investigating the subject and writing on it, arsenic cures many cancers, but nobody ever heard of arsenic causing a cancer. We push our symptoms to the limit of pathological agents, organic agents. Our symptoms upon which we prescribe for organic heart trouble, for Bright's disease, for diseases of that nature, are bound to be clinical symptoms, or they are bound to be discovered through experiments upon animals, and experiments upon animals have several drawbacks, one of which is the difference in the anatomy and physiology of the animal. Another is the fact that the animal has not the human mind. Mental symptoms should take precedence over physical symptoms; so that the provings we make

form quite a large per cent. of our materia medica, and some time we will discover some means of getting symptoms through experiments upon animals, or in some other way, that are now entirely gotten through clinical experience.—*Dr. A. L. Monroe, Louisville, Ky.*

In a recent lecture Dr. Davis of Philadelphia stated that he had had great success from the use of cold packs applied to the chest for the treatment of pneumonia in young infants. He advised that the water should be about the temperature of the room, *i. e.*, about 70 to 75° F. Ice bags applied to the spine or chest he considers too severe for infants.

We move that the Rev. George B. Peck of Providence, formerly an estimable and well-respected, homeopathic physician, be made chaplain to the American Institute of Homeopathy, and that the Section in Obstetrics wear the usual mourning and for the usual period in such unique case made and provided.

Say, Fisher, can't you second that?

Fulminating Appendicitis by Howard Crutcher, M. D., of Chicago lies upon our table in reprint. This interesting paper by our Tall Sycamore of Chicago was published in the *International Journal of Surgery*. Which goes to show that the schools of medicine are rapidly burying the hatchet and no longer in each other's brains. But why not contribute a paper of this value to the homeopathic press, sir?

Does the American Institute go to Omaha next year? And if it does will it follow its routine of electing the hardest working man in the Omaha Local Committee one of the vice presidents for the year following his gastronomical and entertainment labors? Hope no Nebraska-ite will demean himself to that degree—and accept this tawdry office for such reward, thus rendering himself an impossibility for the presidency.

Dr. A. Cuvier Jones, who recently died in Colorado, was the first secretary of the Missouri Institute of Homeopathy who made it his business to take that Institute out of the groove of a mere little State society. It was he who conceived the idea of enlarging its influence and importance and inviting the best talent of the profession to participate in its work. He was of a gentle nature, kind and undemonstrative, and yet a patient, hard worker. The Missouri Institute owed much to his genius.

The philanthropic Music Dealer of Michigan as well as his confederates, the Celery Dealer of another part of the same State and others, having obtained possession of our name, are still sending us literature to induce our taking

of their private remedies to restore our former virility and things. They have come down somewhat in their original price. In the beginning it was a clear three dollars, for the FREE prescription. Now it is only one dollar. If this generosity and shaving of prices keeps on we will presently send for a bottle to try on a friend. How many must be the gulls who have been taken in by these philanthropic tradesmen; music dealers, celery growers, brick makers, sewing machine agents, etc. There seems to be a very conspiracy to make the poor, the halt, the lame, and the blind, sexually, partake of this great FREE gift of three dollars in the start, but if they do not bite then to reduce the price until something is gotten out of the aforesaid sexual perverts.

Being perfectly *aseptic Imperial Granum* protects the patient against invasion of bacilli through the medium of food and rapidly brings up the vital powers.

An Acrostic—LA GRIPPE.—

A—ll the bones gone on a bender,
N—ot an organ is exempt,
T—eeth and scalp and muscles tender,
I—cy chills, the bones pre-empt,
K—aleidoscopic are the symptoms legion,
A—s they overrun the system,
M—aking life a weary region,
N—o one able to resist them.
I—s there nothing that will cure?
A—ntikamnia will, I'm sure!

Atlanta, Ga.

FREDERICK B. SUTTON, M. D.

A Four-paged pamphlet, with a large-sized, and equally large-sounding name, issued by a monopolistic medicine company as representative of the Farbwerke vorm., Schwindel, Narrheit & Lügner, Haengt-am-Galgen, Germany, comes to us regularly in a sealed envelope, and has the gall to say: "This little publication will be sent regularly to any physician who may send name and address to the undersigned. It is intended to furnish the physician with reliable information concerning the newer remedies. Each issue of the OXOXOXOXO will contain something of interest and value to the practitioner, etc." And yet in the whole pamphlet there isn't a thing spoken of except the preparations carried by the aforesaid monopolistic medicine firm. Are doctors such ridiculously silly geese that a firm controlling the output for the whole United States of any certain remedy can make fools of them so easily?

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NEW YORK, MAY 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



J. R. POLLOCK, M. D.,
Hahnemann (Phila.)
Fort Worth, Texas.

A VERY PRESENT EVIL.

PATENTED medicines have this advantage over those not patented, *i. e.*, the medicines of the regular medical profession, in that they are paid for in cash, and at once. A long-haired individual, with oily voice and diamond pin, enthroned in a painted wagon, with a four-stop cabinet organ, a gasoline torch for each corner, and an ex-variety actress of the vintage of the early 60's, will draw more money out of the average rural community of a Saturday night than will a regularly graduated, examined, and registered physician in a month of Sundays.

When the cow has fouled her udder or the off horse has a scouring-bee, Lord bless you, how the mad race is made for the nearest veterinary surgeon, lest they lose the animal. But if that other commonplace drudge of the farm—yclept the farmer's wife—begins to have chills or ague, or some other incipient illness, then the Master of the Manure says: "I know yer sick, Maggie, but we caint spare the team just now; we're putting that far eighty in oats;" or "We're bound ter get in that hay 'fore it rains," or some other puissant excuse; "but wait until Sunday, Mag., then we'll hitch up and all go down to the doc's." So, on the following Sunday morning, when the doctor has completed his immaculate toilet—greasing his boots, his hair, and buggy wheels, and is preparing to issue forth a radiant perfumed, curly beau, resplendent in store clothes and black gloves, to lead the village choir or Sunday school—then this invalid procession arrives and obscures his vision. Does he get cash for this interference with his devotional exercises? Go to! He will esteem himself fortunate indeed if he be not asked to wait till the cows come home or the hogs are sold; more likely he may have a load of green hay or greener wood or several barrels of out-of-date, wormy apples unloaded on him at full market price.

* * *

BUT the male and female sirens first herein mentioned drive their perambulating drug-shop upon the village green, sing a few black-and-white songs, do a little horse-play dramatics, and this same cow-and-horse-and-sick-wife ruralite will fight to get to the stand and pay spot cash for a half-dozen or more bottles of this famous Indian Doctor's Magical Rejuvenator and Elixir. For this wily medicine man is

not to be lured into a sense of temporary security by the promise of wood or hay or oats or wormy apples. And all the gibes about the absurdity of expecting one key to unlock every lock, or one suit of hand-me-down clothes to fit every form, or one make of our especial mother's salt-rising bread to suit everyone's taste—not all these can deter this backwoods farmer-man from emptying his hardly garnered ducats into the lap of the ex-variety actress or her paramour, the party with the oleaginous ringlets and free-silver mouthpiece. But it is half a slander to single out the farmer-man for this satire. Indeed we give the farmer credit for a great deal more common sense than formerly since we have seen his city rival doing worse in this regard. Note how each Saturday morning the papers offend our coffee and rolls with pictures of ex-bank presidents, railroad swampers, Sunday-school superintendents, bucket-shop deacons, professors in literary colleges (presumably engaged in teaching sense), killers-of-cats-preachers, destroyers of shop girls by underpay and overwork and other inhumanities, major generals of the G. A. R. who never smelt powder except at Fourth of July celebrations, ex-mayors of pork-and-boodle-inlaid cities, superannuated female suffragists and other hysterical women of both sexes, ex-statesmen, poets, editors, actors, and authors—note how this mad and afflicted procession of second-hand celebrities rush into the daily press with Thank-God letters and large quarter-column portraits, to avouch the super-excellences of this or that God-given, and God-inspired concoction of molasses, celery-seed, opium, whisky, and cocaine! No, the farmer-man is infinitely more pardonable, because of his limited information on this subject, than his worthier and higher-up-on-the-shelf brother and sister of the city.

* * *

THERE seems to be a tide in the affairs of (the physical body of) man—even of the best—which, if properly tapped with a golden key, will give forth testimonials on almost everything from patent medicines to veracity and chastity, especially if the *amour propre* be tickled with the promise of a large picture in the weekly or daily paper; or failing in that, at least to have his or her testimonial and picture lend

color and elegance to the yellow almanac, whose inside front-cover page is decorated with that unfortunate eviscerated party—male or female—demonstrating the signs of the zodiac. Give an ordinary man—nay, as the world esteems men and women—give an *extraordinary* man a half dozen bottles of some heterogeneous grewsome albeit sweet-tasting mess, and he may at an early period be safely drawn upon for a testimonial as a bit of gratitude for the free gift. Why cannot the shrewd business man see through this trumpery proceeding? For out of a half dozen bottles costing, let us say ten dollars, a clear gain of hundreds of dollars from his testimonial will accrue to the donor patent medicine company. We know of one instance, a glaring one, too, where a former intelligent, hard-headed, logical, Methodist parson, who had climbed the arduous ladder of church preferment until within a round or two of the top, was caught in the quack-medicine toils; he had catarrh and was very deaf; so deaf that out of the pulpit (in which he had schooled his voice to deceive most audiences)—it was embarrassing and painful to carry on a continuous conversation. One evening a penny daily of the city in which he had then cast his itinerant tent, issued a large quarter-column, wood-cut picture of the dominie, accompanied by the customary Providence-of-God letter of thanks to an arrant humbug firm of specialists for curing him of catarrh and consequent deafness. Yet when we met His Sir Reverence a few weeks later he was still deaf, and continues deaf to this day! It was a small matter perhaps to give his written testimonial in return for an atomizer and a box of cocaine-spray stuffs; but think of the evil that letter has done to countless Methodists who, seeing their favorite pastor thus placarded, have gone to the sharps aforesaid and failed of being cured.

* * *

ANOTHER advertisement—the output doubtless of some of the clever ad. smiths (who advertise so liberally and noisily in current literary magazines)—makes a well-directed appeal to women by woman, because only a woman can understand a woman's troubles! The whole ad. is based upon that fecund, female foundation—and is a deliberate, dishonest play upon the sympathies of poor afflicted, down-trodden,

man-married woman. Latterly this heart-to-heart advertisement has been made more attractive by the half-length picture of a buxom, very handsome woman, with large, overflowing, over-ripe matronly charms, encased in a No. 21 corset, with fourteen-button black kid gloves, in a Fanny-Davenport attitude, crying "Halt!" to poor suffering women, lest they, too, become as she, this lay-figure, overmatronly, overbuxom, overcorseted, overgloved, and overdramatic; all of which may be prevented "pine-blank" by writing her troubles, in *absolute confidence* to this "woman" in the East, who will thereupon answer in equal confidence and actual handwriting with two postscripts, saying what this afflicted sister of the fourteen buttons and No. 21 had had and was cured of. Cannot our poor man-crushed sister understand that the "woman" to whom they write is a powerful patent-medicine company, caring naught for their individual ails and ills, and whose business it is to recommend fourteen or eight bottles of "our celebrated" stuff, in delicately tinted wrappers of pink and mauve, with directions on each bottle in seven languages?

* * *

WHY should not the medical profession be asked to take this evil in hand and regulate it? Are we not protecting the dear people with examination laws, with registration laws, with anti-spitting laws, with health laws of all orders and dimensions; are we not expected to remove the bacilli, as well as the garbage from our neighbor's premises lest he have typhoid fever and so put us in the way of a good fat case? Why then is it not, also, our business to interfere in this nefarious patent-medicine evil, bringing light out of darkness and making crooked things straight before them? Would not this be a far more laudable undertaking for the doctors than the quixotic fighting of windmills of schools of practice, or belaboring each other on technique or dosage or potency? When we are at labor "raising the standard" of the profession, why can we not also raise some kind of a standard so that these quack nostrum companies may not slip through the meshes of that standard-raising law? Why are there, even to-day in protected and barbed-wired New York State, some most offensive

patent-medicine frauds with professors and promoters galore! Is there no way to reach them? However, let a doctor with a genuine diploma, who has been striving to do his duty honestly and above board, practicing medicine for a generation or more—let him dare apply for practice in the great Empire State; then mark the celerity with which he is thrown out into the utter darkness of the less "enlightened" States of the FREE United States!

* * *

THERE is something radically wrong in our law-making when this is, as it is, a possibility. So long as the profession of medicine will not extend a charitable hand to the honest but no longer pedagogically perfect doctor upon its immediate doorstep, but looks beyond for theoretical standards of pluperfection; so long as it leaves the laity under the impression that doctors never agree either upon medicine or fees or anything else; so long as it encourages the consumption, by indirection, if not indeed, by purposed direction, of Cain's Cellary Compound, or Madame Procuress' Tansy Pills (*caution: not for pregnant females*), or Mary Jane Stinkum's Matronly Herb Bitters; just so long will the profession be at the cart's tail, ridiculed because of its affected dignity, laughed at for its pretense to business qualifications, and its efforts to collect its bills rendered more and more futile each succeeding day.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Spigelia IN CARDIAC RHEUMATISM.—Dr. Karl Kiefer¹ says: I wish to particularly emphasize the excellent action of spigelia in the rheumatic inflammation of the heart. Allopathy rarely uses any other remedy in inflammation of the valves of the heart but morphium, in inflammation of the pericardium it gives digitalis, which only acts on the nerves of the heart and thereby retards and invigorates the action of the heart, but cannot affect its inflammation. But both these forms of inflammation find an excel-

lent remedy in spigelia, which can remove the subjective symptoms, the stinging and the pressive pain and the asthma as well as the objective phenomena in a short time, often in a few hours after the first dose.

I remember especially one very desperate case in which I owed much to this remedy. A tavern keeper of this city, a great beer drinker, with a pronounced fatty degeneration of the heart and general corpulence, had a severe attack of articular rheumatism. With the peculiar constitution of the patient I apprehended, very much, the transition of the process to the heart, nor had I long to wait for it. I was called to him at night and found the patient complaining of violent dyspnoea, of pressive and lancinating pains in the direction of the heart. The respiration was very difficult, the face and the mucous membranes were colored a dark-red, the pulse quick, springy, somewhat irregular. The examination showed symptoms of inflammation in one of the cardiac valves, but especially a loud friction sound in the pericardium, showing a severe inflammation. I prescribed spigelia 3d at first every quarter of an hour, but soon, on the alleviation of all the symptoms, I gave it every hour, and in the morning I was overjoyed on visiting him to find only a slight friction in the pericardium, which also disappeared by the next day. The patient had only after that to pass through a rheumatic inflammation of the pleura, and four weeks after the beginning of the disease he returned to his beer barrel where, despite all warnings, he continues to be his own best customer.

Formaldehyd IN EYE DISEASE.—Dr. Strecheminski²⁷ says that formaldehyd is found to possess so much value in surgery and gynecology, that Valude was induced to apply it in eye diseases as well, and the excellent results obtained by him have led many, among them the present writer, to make use of this agent in similar cases. At first he employed 0.05 per cent. solutions, but the strength was gradually increased to 0.1 per cent. The solutions were dropped in liberal quantities into the conjunctival sac, and in purulent conjunctivitis the conjunctiva was washed with the solution.

These applications cause a rather intense burning sensation; but this disappears in about

a minute, and at each succeeding application becomes less and less intense, resulting finally in habituation to the smarting.

In catarrhal conjunctivitis, formaldehyd is inferior to other methods of treatment. At times it appears to be of benefit in chronic conditions, replacing the remedies that had been in use so long that the system had become habituated to them, and shortening the duration of the disease. In the acute stage of trachoma, formaldehyd is of but little value; while in the chronic stage it is useful, for the same reason as above stated.

In corneal ulcers formaldehyd exerts a most beneficial influence. In five cases of *ulcus serpens* that had resisted all other medication, the condition was immediately improved by the application of this remedy. The infiltration at the margins of the ulcers disappeared in a few days; the ulcers stopped spreading, became clean, and healed completely in from seven to ten days. In one case hypopyon, which was present, disappeared in four days.

In all other infectious affections of the cornea (abscesses, and ulcers with or without hypopyon), particularly when torpid, formaldehyd exerted an excellent effect, but still not so good as in *ulcus serpens*.

Chronic Sulphonal Poisoning.—Dr. Schulz²⁷ records a case of chronic sulphonal poisoning with fatal ending. The patient, a woman aged fifty-nine, had been under treatment some years for headaches, constipation, and restlessness, and was extremely hysterical. On account of sleeplessness she had recently been taking sulphonal in doses of 15 grains, and had taken altogether about half an ounce within a month. When admitted to hospital for obstinate constipation with vomiting, there was a smell of acetone in the breath, the tongue was dry and furred, and there was great thirst, with restlessness and insomnia. All the organs otherwise were normal; the urine was normal. The next evening 25 grains of sulphonal was given, and the following day the urine was scanty, brownish-red in color, but free from albumin. Four days later the gait was unsteady, and five days after this there was weakness of the limbs and anæsthesia of the legs down to the ankles; knee-jerks, previously normal, were

now difficult to obtain. Weakness increased, the knee-jerks disappeared, incontinence of urine and fæces occurred, and two days later the patient died suddenly. Since the single dose of sulphonal mentioned the urine had continued brownish-red with no albumin, but a few altered red-blood corpuscles. The color was found to be due to hematoporphyrin. Schulz considers that the toxic results after the one dose of sulphonal were due to the obstinate constipation present causing the sulphonal to be retained in the body longer than usual. Great caution should therefore be exercised in ordering sulphonal for patients who are constipated, and, where it is ordered, a careful watch should be kept on the urine for hematoporphyrin.

Zincum IN METALLOTHERAPY.—Dr. Goulton⁹ tells of a patient, Mrs. A., aged fifty-six years, who suffered from a peculiar affection of the middle finger. It was crooked, the second anterior joint was affected, so that the first and second phalanges formed nearly a right angle. The condition lasted for months, and surgical measures were proposed. Dr. Goulton was called instead. He decided for zincum, and to have it applied in the following manner: The woman had to apply a little piece of sheet-zinc, like a small splint, over night on the back of the affected middle finger. Such a piece can be pierced and a ribbon or silk cord can be drawn through it to fasten it. This was removed during the daytime.

The result was surprising. The patient soon regained the full use of her finger, and thus of her hand. The finger no more "snapped in," as had always formerly taken place, so that she had always in the morning to "break in," her crooked finger with great trouble and anguish, with severe pains. That had, however, always been only of transient use, for as soon as she did her housework, e. g., when she swept, sewed, knit, etc., she never knew when her finger would be drawn crooked again, when the process of breaking it in or straightening it would have to be repeated.

Concerning the nature of this ailment, we might conclude from the fact that Mrs. A also at other times had suffered from rheumatism, so also once of sciatica, which could not be reached by allopathy. This had been relieved by rhus,

arsenicum, kali carb., and calc. carb., given in the order in which they are mentioned. At last she only had a feeling in her leg "as if a bug was crawling in it."

The affection of the middle finger did not return.

Nux Moschata Poisoning.—Dr. W. L. Smith¹² reports the following symptoms observed in a woman who had grated and eaten a whole nutmeg to check an excessive lochia. Has to think three or four times before she can say what she wants to, stupor and insensibility at times, for half an hour or more, then wide awake. Pupils dilated; blue rings around the eyes. Tongue dry; speech thick; mouth and throat dry.

Sensation as if the soft palate was rolling or curling up on itself from the tip to the base, (quite a unique symptom to me).

Throat very dry; dryness extends clear down to stomach. Fullness of stomach causing dyspnoea; numb, dead sensation through back and lower extremities. Palpitation, cold hands, cold feet. Very faint at times; little thirst, though mouth and throat are so intensely dry, flow stopped.

Iodide of Arsenic IN LOCOMOTOR ATAXIA.—Dr. Mackechnie.³³—William F., æt. thirty-six, a compositor. Pains in legs, eleven years. They are sharp and spasmodic, very frequent day and night, but worse in first sleep at night, also worse in summer. He has vertigo, and walks badly with the eyes closed. Clumsy in touching tip of nose with eyes shut. Knee reflexes lost. Frequent micturition. Ordered ignatia 1x, but without benefit; also belladonna, which relieved the enuresis but not the pains. After a month's treatment with little result arsen. iod. 3x gr. iij t. d. s. was given. The first week there was no improvement, but in a fortnight the pains were less severe and frequent. Ars. iod. continued. From this time there was steady improvement in all symptoms except the frequent micturition, which returned, but was finally checked by belladonna in alternation with the ars. iod. Two months after commencing the latter he reported himself as wonderfully better in every respect, having now only slight touches of pain occasionally.

Hydrocotyledon IN LUPUS.—Dr. Wing-

field.—CASE I. Mrs. B., æt. fifty. For eleven years had suffered from lupus on the side of the nose, extending from the root of the nose to the tip and involving the adjacent parts of the cheek. She has been under many old-school practitioners, and has had the patch scraped six times, but it has never healed. Her general health is good. Hydrocotyledon ϕ 3ij to glycerinum 3j, was ordered as a paint, to be applied night and morning. Internally, kali bich. 3x gr. iij, was ordered every three hours. In a fortnight's time there was marked improvement, the parts looking healthier, with a tendency to heal. In two weeks more the whole of the patch had healed over, being covered by apparently healthy skin.

CASE. II.—M. T., æt. twenty, lupus extending over the whole face, nose, eyes and lips. The same prescription was given for external use, and hydrocotyledon 1x gtt. ij every three hours internally. In about a fortnight the parts had greatly improved and were looking quite healthy. Unfortunately the patient had to leave the town, and so passed from observation.

Arsenic, ROUND-CELLED SARCOMA OF THE SOFT PALATE CURED BY.—Dr. R. Bolde³⁷ records a case of round-celled sarcoma of the soft palate which, ulcerating, had spread with great rapidity to the pillars of the fauces, the tonsils, and the right portion of the upper jaw; giving rise to swelling of the lymph-glands as well as disturbances of deglutition and respiration. This rapid diffusion of the tumor, at first regarded as a gumma on account of the rapid softening, led to its being treated specifically. The rapid decline of the general health forced a diagnosis of a malignant neoplasm, which was confirmed by microscopic examination to be a round-celled sarcoma. Surgical measures being out of the question, an arsenical "course" was tried. A solution of arseniate of soda, 1:100, was injected hypodermatically into the interscapular region, beginning with a daily dose of 4 mgms. and gradually increasing it to 2 cgms. The injections were well tolerated, but at first were without effect, for a new metastasis appeared above the right upper canine tooth. After eleven injections an amelioration was apparent, for the ulcerated surfaces became cleaner, their margins began to cicatrize, and the metastases

disappeared. The general state of the patient also improved visibly. The final result was that after eighty-four injections of the arsenical preparation in the space of eight weeks, the patient gained 9½ kgms. in weight, so that he could be discharged with the growth nearly cicatrized; provisionally cured.

Passiflora FOR NIGHT TERRORS.—Dr. S. D. Bullington³⁸ prefers the passion flower to the bromides in such a case as the following:

Robert G., age eleven years, has been troubled since five years old with night terrors, with some of the peculiar manifestations observed in somnambulism. He is a bright boy, full of energy, ambitious at school, active in the ordinary athletic sports of boys of his age; seems well nourished, having a splendid complexion. Shortly after going to bed he falls into a light sleep, seems a little nervous, and, with a sudden start and scream, either sits up in bed and continues to cry as if frightened, or springs from bed and runs to his parents for protection as if in danger; at other times he seems to have lost something, and proceeds to search the house for it; his eyes are wide open as if awake. He will wash his face, empty the bladder (most invariably), and converse as intelligently as when awake, and will meekly obey any suggestion made to him, except when he seems to be frightened. The "spell" usually lasts about a quarter of an hour, when he goes quietly to bed, falls into a deep sleep, and has no further trouble till the following night. He never remembers a single act nor word during the spell, and says he does not dream anything of a scary nature. In fact, he imagines he sleeps undisturbed.

I began the use of the passion flower with him in February, 1896. He missed his spell after the first dose of 5 drops of the F. E. just before going to bed. I now have him taking 15 drops. He has had but few spells since beginning of treatment, and most of these which he has had came in the absence of his medicine. In this case I believe a cure will result.

Spiræa Ulmaria IN HYDROPHOBIA.—Kunen³⁹.—In 1832 I was bitten severely in several places on my hand by my own dog, which had rabies. The dog was shut up and died in three days with all the symptoms of

rabies. Convinced of the inefficacy of the ordinary medical treatment, I applied to a peasant who was reputed to have a remedy for hydrophobia. He gave me a portion of fresh root cut into small pieces, and told me to take a teaspoonful of it for three successive mornings. Eighteen years have now elapsed, and I have experienced no bad effects from the bite. I learned from the peasant that his remedy was the root of the *spiræa ulmaria*. Since then I have had many cases of bites from mad dogs and wolves, and I have always employed this remedy with success. In my neighborhood dogs frequently go mad. I have set my powerful watchdog on them, and he has always killed them, though often bitten by them severely. I gave him the *spiræa*, and he has never been the worse of the bites. One of the cases I have cured of actual hydrophobia I may give in detail. The servant of a neighbor was brought to me with all the symptoms of hydrophobia. He was under the care of two strong men, who held him securely. He had a dull, staring look, and made constant efforts to attack his attendants. I took a fresh root of *spiræa*, and, after cleaning and washing it, gave it to the patient, who seized hold of it and ate it up ravenously. Another root he devoured greedily, and likewise the half of a third root. During all this time he was held fast by the attendants. I directed the attendants to let him go. His look had lost its dull appearance, and he was much quieter. After a quarter of an hour he exclaimed, "Oh, how thankful I am to you!" He was placed in a carriage and driven home, five wersts distant. He slept the whole way, and as he was still asleep when he got home he was allowed to lie in the carriage. He woke up in the morning, became very restless and complaining, said he felt very ill, and was sure he was dying. He vomited a quantity of bile and some thick, dark green stuff, but not a fragment of the *spiræa* root he had swallowed. After this vomiting he fell asleep again, and woke next morning quite well.

Monsonia, Tincture of,³⁷ IN THE TREATMENT OF DYSENTERY.—*Monsonia*, an annual plant belonging to the *geraniaceæ*, is commonly used in the treatment of dysentery in South Africa. Dr. J. Maberly (Birmingham), who was

for some time in practice in the Transvaal, near Johannesburg, used this drug with the greatest success in about a hundred cases. The whole plant, including the flower tops—of either *M. ovata* or *M. Burkei*—was used in the preparation of an alcoholic tincture. The root, however, seems to be very nearly inactive and should not be employed.

Under the influence of this tincture, in doses of from 8 to 15 grams every four or six hours, the symptoms of dysentery improved more rapidly than under any other treatment, more rapidly in particular than with *ipecacuanha* administered after the Brazilian method. The effects appeared also to be equally good in acute and in chronic cases. Out of ten patients who were suffering from chronic dysentery, nine recovered and one died. This was a child, whose death was the result of noma, coming on in consequence of the extreme weakness produced by the prolonged intestinal affection, the dysentery itself having already been cured by the drug.

Dr. Maberly found that tincture of *monsonia* cured acute dysentery, on an average, within two or three days; chronic dysentery within eight or ten days.

This tincture therefore appears to exert a specific action on the morbid agent of dysentery. It is also, apparently, a sedative of all abdominal pain, having proved successful in calming to a considerable extent the violent pain caused by chronic inflammation of the uterine adnexa.

Atrophy of Leg.³⁸—Fred O. had his bare foot trodden on by a cow in the autumn of 1893. The middle toe of the right foot was so injured that it only remained connected to the foot by a bit of skin. All attempts to save it were fruitless, and the toe mortified and came off. The allopathic treatment by carbolic acid failed to heal the foot. He suffered much pain. He continued to get worse. The foot swelled, the sole also. He lost his appetite and sleep, and had fever every night. The ball of the foot was very red, hot, and swollen. It was proposed to incise it, but the parents objected, and put him, in January, 1894, under homeopathic treatment. He got *acon.* 4th and *arnica* 4th alternately every two hours. A compress of twenty drops of *arnica* tincture to $\frac{1}{4}$ liter of water was

applied. The second night the boy had a good long sleep. The fever ceased and the foot began to heal. After eight days the wound was healed, and the swelling abated so rapidly that he was able to put on a boot and walk about. His mother said that when one year old the child had got a blow on the left foot, which had become immovable, and its development was arrested. The leg was much emaciated, and shorter than the other. It was cold and of a blue color, it hung down quite lax, and could only be drawn up about 5 cm. It was as flexible as india rubber, and could be turned and twisted in all directions. It seemed to have no bones or joints. When the right foot was cured, an attempt was made to treat the left leg. He got calc. phos., 6th trit. twice a day. After eight days the boy experienced formication in the left leg. It became gradually warmer, and after four weeks he could raise it better, and after another four weeks he could stretch it out at a right angle. He gradually began to make attempts to use it in walking. His parents provided him with a boot with a very thick sole, and in about two years he had worn this sole out, after the leg had remained useless for ten years.

THE ERADICATION OF MONGRELISM.

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THE practice of medicine by homeopathic physicians that does not accord with the teachings of Samuel Hahnemann, as set forth in the "Organon," "Chronic Diseases," and his "Lesser Writings," or with the practice of such of his ablest disciples, as Constantine Hering and Carroll Dunham, deserves to be branded as mongrelism. This kind of practice manifests itself in many ways, but chiefly in the *prescription, the manner of arriving at it, and its composition*. Could these be rectified, so as to accord with the teachings and practice of Hahnemann, Hering, and Dunham, there would be little left needing alteration, and this can be reached in but one way, namely: by education.

We may sum up the evils that are combating the principles of true homeopathy, in the Prescription, on the Diagnosis, and Polypharmacy. Under the former we would include prescribing based upon the diagnosis of the disease, as well

as that made upon a pathological basis. No greater mistakes are made by homeopathic physicians than in attempting to imitate the allopaths. Far too great a number of homeopaths examine a patient with a view to arriving at a diagnosis, and, resting there, prescribe. Their prescription is a mere routinism; in every case of pneumonia they give bryonia and phosphorus, and in intermittent fever, arsenicum and china. And so on, for the entire catalogue of diseases, they have some one or more remedies at hand as soon as diagnosed. Here the strict inductive method of Hahnemann has been lost sight of and nothing but failure, ignominious failure, will be the harvest.

Blinded by theoretical images of diseased tissues, the pathological prescriber reaps the same results. That kaleidoscopic science is very attractive and allures the physician into the net so deftly that he scarcely realizes the injuries he has inflicted. He has no misgivings that his view is erroneous. Yet the history of medicine shows that the time will arrive when he must surely discard the theory which he has trusted so implicitly and set up another in its stead. Certainly we will not be surprised that much error must prevail, much damage be done, and much failure be experienced, when we reflect that so much medical treatment depends upon untrustworthy *views* of the nature of the diseased state, and upon deductions as to treatment which, by reason of being dependent upon these views, must be still more unreliable and even dangerous. If the pathologist be governed by facts, he, more than the homeopathist, deserves the term which he has made invidious—"Symptom Coverer." If the patient have a high fever, the pathologist does not hesitate to immerse the sufferer's whole body in a bath of ice-cold water, and that, too, when dealing with such fell diseases as pneumonia and typhoid fever. If the bowel be sluggish, it is urged by a purgative. If it be too lax, an agent that will practically plug it up is administered, and so on through the list. Remedies thus given for individual symptoms are selected without any regard to their influence upon the other symptoms in the case, and as each symptom thus has its own therapeutic measure, a wondrous structure of polypharmacy is reared,

where the drugs are combined, not with regard to their pathogenetic effects, but with reference to their chemical reaction upon each other.

The view here given does not, we believe, do injustice to the old school, and, reluctantly, we acknowledge that it fits many in our own camp, who do not appreciate, nay, who do not know, that pearl of great price, the method of Hahnemann. They can hardly be appreciative of it, else they would not imitate the old-school pathology. They would not prescribe, as do the members of the old school, massive doses of drugs on pathological conclusions. They would not show the contempt they do for strict homeopaths, nor so persistently ignore their teachings and example.

POLYPHARMACY.

Truly our friends give us more trouble and annoyance than our enemies. And in no respect are they threatening to take our very life more certainly than in their practice of polypharmacy. Mongrelism here reaches its highest and most prevalent type of development. It has become rampant, developing into a frightful epidemic, by reason of the astonishingly careless and inadequate instruction in our colleges and shocking cupidity and selfishness of our pharmacists. Nothing has done more to retard the progress of homeopathy than polypharmacy. Nothing has done more to injure the prospects of homeopathy for the future than polypharmacy. Nothing will more surely and effectually kill homeopathy than polypharmacy. By this term, polypharmacy, we mean any mixture of remedial agents in the treatment of disease, and consequently alternation or rotation, whether of the same or different potencies as well as that monstrosity of homeopathic sugar pill—the compound tablets—are included. If we turn to the "Organon" we see that Hahnemann says:

"In the treatment of disease, only one *simple* medicinal substance should be used at a time."

This does not mean that if one remedy does not cover the entire symptom picture we are to add to that another one that will cover the remainder. No possibility of giving two remedies according to that section. Nor does he leave us in doubt, for he says:

"It is impossible to conceive why there should be the least doubt as to whether it is more natural and rational to prescribe a single well-known medicine at a time for a disease, or to give a mixture composed of several different medicines.

"Perfectly simple, unmixed, and simple remedies afford the physician all the advantages he could possibly desire. He is enabled to cure natural diseases safely and permanently, through the homeopathic affinity of these artificial morbid potencies; and in obedience to the wise maxim that 'it is useless to apply a multiplicity of means, where simplicity will accomplish the end,' he will never think of giving more than one simple medicine at a time. Even in taking it for granted that all simple medicines were completely proved with regard to their pure and peculiar action upon the healthy human body, the physician would abstain from mixing and compounding drugs, aware that it is impossible to foresee the variety of effects that two or more medicines contained in a mixture might have; or how one might modify and counteract the effect of the other, when introduced into the human body. It is equally certain, on the other hand, that a simple medicine, well selected, will by itself be quite sufficient to give relief in diseases whereof the totality of symptoms is accurately known. Supposing, even, that a medicine had not been selected quite in accordance with the similitude of symptoms, and that, consequently, it did not alleviate the disease, it would nevertheless be useful by adding to our knowledge of curative remedies. By calling forth new symptoms in such a case, the medicine might corroborate those symptoms which it had already manifested in experiments upon healthy persons—an advantage which is not to be gained by the use of compound medicines."

How is it that, in the face of such explicit directions from the founder of homeopathy, so many have become infected with this blighting innovation? The only answer to this can be that on their part there must be a lack of knowledge, coupled with evil influences that have co-operated to bring about this condition, or that the founder of homeopathy was wrong in his declarations. This latter supposition is

clearly untenable, and cannot bear the scrutiny of honest investigators, because there are and have been strict followers of Hahnemann who, being taught polypharmacy in old-school colleges, practiced it until, in confusion worse confounded, they abandoned it; and on reading, and becoming thoroughly posted in the works of Hahnemann and the practice of his closest disciples, have adopted his instructions and, following them to the letter, have achieved the most marvelous results, as did Hahnemann himself; far better than could possibly have been attained in any other way. This kind of practice has become the beacon light that has, and we say *must*, lead the steady and triumphant progress of homeopathy's hosts. Blot out this beacon light, and the inevitable consequence will be ruin. "Any homeopathic physician who allows himself to drift into polypharmacy, from that moment drifts away from homeopathy." Then why have so many drifted away from homeopathy into mongrelism? The only answer then can be *Ignorance and Evil Influences*.

Before taking up the subject of polypharmacy let me express my views on the relation of the pharmacists to it. Have they been some of the evil influences at work? To this I have not the slightest hesitancy to say YES. The fault is not ALL with the pharmacists. Yet they have and are exerting a most baneful influence in this matter, one that will work evil to all concerned. They have and are preparing combinations of homeopathic medicines in almost inconceivable numbers. They have and are still continuing to have the temerity to ask homeopathic physicians to buy and use them. They have and still continue to have the audacity to send traveling salesmen and saleswomen to all parts of the United States, who boldly tell of their sales and unhesitatingly and persistently urge homeopathic physicians to buy them and use them, regardless of all proper indications. "These pharmacy venders unblushingly attempt to tell us exactly what these combinations will cure, and thus insinuatingly encourage in the unwary doctor a lazy, uncertain, and fruitless system of practice." In this way they, by their persistency, virtually force upon the profession all sorts of compounds. The plea of the phar-

macists that they must meet the demands of their customers has something of truth in it, but it is not all the truth. Polypharmacy arose, not from an original demand of the profession, but in reality originated with a few unscrupulous manufacturers who have gradually, by various methods, induced a certain portion of the profession to use their unauthorized preparations. In this way a demand has been created, and some physicians beguiled into encouraging this false system. Why this sort of pharmaceutical quackery has been so long tolerated by the colleges and the profession is difficult to understand. Nothing that has yet been done by its avowed enemies is so surely calculated to retard the steady and triumphant progress of homeopathy as this insidious work of pharmacists. There has been an unexpressed feeling prevalent that this evil would soon be corrected through the silent protest and lack of patronage of the better class of homeopathic physicians. It was a false hope, and the time has come when some decided and unequivocal action should be taken by the profession at large, by our colleges, and by our teachers. Our society, though yet in its infancy, must meet this question without hesitancy or compromise. We must at once take active measures against this evil and place ourselves squarely for homeopathy and not against it.

This question of polypharmacy, etc., which we think is the soul and body of mongrelism, has been so frequently brought before the profession, and in such various ways, that there scarcely remains a single one who has not heard of it in all the length and breadth of this land. And yet we would maintain that the chief factor of causation is *Ignorance*. Ignorance on the part of the profession, not of the sections of the "Organon," heretofore quoted in full, but an ignorance of *how to do better than to prescribe the compound tablet*. Through his ignorance the practitioner loses all faith and confidence in his single dynamized remedy and necessarily drifts into the grossest materialism and polypharmacy. Homeopathy appeals only to the minds of the educated. The ignorant know nothing of it and will have none of it. But if the practitioner and student of homeopathy only knew the better way,—knew how to prescribe the single

dynamized remedy; knew it so well and so thoroughly, that he could tell another how it must be done; if he could but once, after knowing it thoroughly, realize by practice the immense superiority of it, he would never again resort to polypharmacy. He would really have faith and increasing confidence in his remedy, his successes would be marked, and there would come to him a satisfying conviction that he was making real progress in a difficult art. The consequences following necessarily in the train of this kind of practice would be of the utmost worth to him and to homeopathy in its onward progress and triumph.

But the question now remains, "Why is a homeopathic physician ignorant of the very essence of his business? Because it has never been taught him. He has been taught everything else but not this one thing: *"The Philosophy of Homeopathy and The Art of applying it."* Only within the last few years has there been the opportunity for a student of homeopathy to learn this in the medical colleges. Those that learned it prior to that time did so through some of the worst of failures. True, they had heard of it in the college, but only in so haphazard and often sneering a manner that it made anything but a good impression. After many failures, the undaunted student of homeopathy laboriously climbed to the heights that gave him an unobstructed view. There are but few who have attained this eminence and it is to no one's credit but their own. It is high time now that our medical colleges take up this work. It belongs to them, and the profession must demand that they put forth every effort to thoroughly ground the student in all things appertaining to homeopathy. In how many homeopathic medical colleges in this country do we find the "Organon" taught as one of the leading branches? Until within the last few years there was not a single one. Now, at this present day, there is one and only one. We will never have homeopaths like Dunham, Hering, Boenninghausen, Lippe, and Jahr until the "Organon," "Chronic Diseases," and "Lesser Writings" of Samuel Hahnemann are studied as among the principal subjects in our medical colleges. It must not be taught by a student teacher. It must be assigned to the ablest man in the faculty, and he must have the

co-operation of every other member of that body. It must not be a secondary study; instead, it must be and is of the utmost importance, of primary worth, and must be taught every day of every session throughout the entire time of four years. The student cannot become too proficient in this knowledge. Nor would I limit the instruction to Hahnemann's writings alone. The classic works of Dunham, the exposition of homeopathic philosophy, and the art of its practice by Hering, Lippe, Hemple, Rau, Goullon, and a host of others should all be included under this subject.

When a student has had a four-years' course as above outlined, in addition to all the other branches of medicine and surgery as they are now taught in our medical colleges, no enemy of homeopathy can do him harm. He will be impregnable against any and all assaults.

What is our duty in this matter? is the question that finally comes to us for answer. As students and practitioners of homeopathy, individually and collectively, we must demand this of all of our colleges. Our local, State, Interstate and National societies must take steps at once to bring this before the colleges in such terms as to command compliance. Our society must demand of the Inter-collegiate committee of the American Institute of Homeopathy, that they require this of all of our colleges. These and all other active measures must be taken *now* to rid us of this leviathan of mongrelism that is momentarily taking our life blood. We must stand united now and forever for homeopathy, pure and simple, and all that the term implies.

Obituary.

LOUIS HALLOCK.

Born June 30, 1803.

Died March 2, 1897.

WHO that was present at Newport during the '95 Institute meeting can ever forget that soul-stirring scene, when, in the midst of a general session, with the rhetorical strife rising higher and higher, fiercer and still more fierce, it was announced to President Fisher that Dr. Louis Hallock, one of the surviving members of the original band of patriots who had founded this American Institute of Homeopathy in 1844, was in the house, requesting that an escort of honor be appointed to conduct our honorable forbear

to the speakers' platform. The announcement itself was greeted with great enthusiasm and applause; but when the committee tenderly escorted a youngish-looking, apple-cheeked elderly man from the middle of the church body to the steps of the president's platform, where the President met and received him, the audience stood up as one man (and one woman) and showed its love and esteem for the old hero by abandoning itself to rounds and rounds of noisy applause and the waving of handkerchiefs. Some few moments elapsed before sufficient quiet could be restored to hear what the venerable, young-looking old gentleman was vainly striving to say. It was the especial privilege of this editor to be seated near the platform when all this took place, listening to each word as it fell from the lips of Dr. Hallock, the words a little husky and hoarse—not wholly the result of the affliction which he said had attacked him some time before. It was indeed grand to see the old veteran, blushing like an embarrassed schoolgirl, trying to recover his equipoise, and to note the unbidden tear dimming the eye which had never quailed in the hour of supremest trial, while his frame was trembling with excitement, manfully repressing the emotion which this sudden and pleasantly violent uprising in an audience, of but a moment before decorous and law-abiding men and women, had called up in his bosom. He was not insensible to the honor and regard shown him by the children of his Institute—this bright-eyed little old man—Hallock.

After the tumult and enthusiasm had died down a little he was given a place of honor at the president's right hand; the interrupted rhetorical strife about sundown colleges, and obligatory State membership was again taken up with the same degree of vigor and intensity it had assumed before the momentous episode already chronicled. But that vast audience was not done with Father Hallock. Disregardful of all ordinary parliamentary practices, while a member was still upon the floor in debate, Pemberton Dudley and others almost simultaneously, certainly spontaneously, moved and were promptly recognized by the president, that Father Hallock give a reception from the speakers' platform, so that each member of the Institute and his friends might pass by in review and shake him by the hand. President Fisher, though not averse to the intent of the motion, mindful of the extreme age of the remaining founder of the Institute, and regardful also of what he, the president, and a few members nearest the scene of action observed—the extreme emotion under which the old gentleman was laboring—fearful lest the strain become too great upon the guest of honor, suggested, and it

was promptly adopted, that the president shake Dr. Hallock by the hand in the name of the Institute, and that, thereafter, at the conclusion of the session, the individual members could take a more quiet opportunity of doing it in person. This was done. Then he, this honorable old man, was permitted to sit quiet throughout the remainder of that session. At his hotel later, and at other times, he was given a reception and fêted many times.

That scene in the old-fashioned Baptist meeting house at Newport reminded us of a famous canvas by Meissonier, where the Little Corporal, seated upon his historic white horse, and standing on a slight eminence a little apart from his staff, with chapeau raised, reviews his faithful soldiers, as they ride wildly by him, cheering, shouting, singing, with animated color and sparkling eye, and sabers flashing in the sunlight. Oh, it was a grand moment, that, when Louis Hallock stood up and reviewed the children of his Institute as they vied each with the other in doing him, one of the founders, honor in his old age and for service done in their behalf!

It was our further privilege, and we are more than ever grateful now for having had that opportunity, to meet the dear old man every day at our hotel, and to converse with him and his daughter. We found him a pleasant raconteur, retentive of memory, witty, and withal very happily reminiscent of the things said and done in his long and useful career. He was not old except in counted years; he was young in his loves and ambitions; he was youthful in his cheery laugh; no one would have marked him for the extreme age at which he had already arrived. He had been an old-school physician in his beginning of medicine, and had followed it faithfully for many years, along the line of its then crudities and barbarities. It was truly crude in those days as it has never been since the leaven of homeopathy has insensibly been applied to it, for, with that historic accession of new life and impetus, its venerable superstitions were gradually eliminated and the school itself was raised above the base and groveling level of handmaidship to barbers and old women. As soon as Dr. Hallock became convinced of the truth of the Law of Similars he embraced it with all the ardor and vigor of a young man and a recent convert; not as so many of our present generation of doctors take it up—in a perfunctory, listless, matter-of-fact fashion, or as a mere adjunct to the other fourteen, more or less mechanical departments of modern medical schools. In that early time it was worth a king's ransom almost to be identified with any school of medicine but the "regular." It meant social ostracism as well as financial loss

to be associated, even in a remote degree, with the nonsensical drops-of-water and grains-of-sugar heresy.

Think how it must have hurt this then young Hallock to have his friends, his intimates, his patients give him the cold shoulder in that trying time of changing from the one school of medicine to the other; those who loved him as a man, and prized him as a skilled artificer in medicines, marked him down as one suddenly bereft of reason, or one become knavish and irresponsible. Think of the years of toil it must have cost him, this dear old man Hallock, in that struggle for bare sustenance, and supremacy of his new school of medicine. Think how it must have pierced his peace-loving, tender soul to be constantly in the thick of the fight with a benighted medical civilization. Think of the hours this dear Father Hallock spent in the difficult perusal of the original Hahnemannian text in order to learn the truth and apply it intelligently; for English books of homeopathy at that time were scarce, if there were any, when he began his studies. Think how it must have cheered him and his scattered band of patriots to know that Hahnemann was alive and well, and at work successfully demonstrating the truth of homeopathy. Think how to them, this little band, must have come the tardy news of Hahnemann's death in Paris, and with what mournful enthusiasm they met thereafter to found in perpetuity this great American Institute of Homeopathy, a monument to Hahnemann and to his Discovery. Think of the multitude of changes which have taken place not alone in the traditional school of medicine, but as well in homeopathy, since Hallock helped lay the corner stone of this Institute. Think how the school has increased in numbers and strength so that, within but a few years past, it had become of sufficient power to exact and receive from the advanced and civilized community of the Empire State equal rights medically with the other school. Think of Massachusetts voting annually large sums of money for homeopathic hospitals in its commonwealth. Think of the heaven of 1844 producing a body of members very nearly 2000 in number; members of intelligence, rank, wealth, and position, in all parts of the world. Think how his declining years must have been warmed and cheered and hallowed by the recollection of his triumphs in the cause of right and in the comparison of those struggles with his present results. Think of the many body-wracked, soul-torn patients to whom this noble old man had ministered and given peace and health in the hours of distress and agony.

Ah! this is that far-famed immortality prated of by bookmakers and sung by the poets—of

which any man might well be proud; to live long enough, to be spared in the flesh to witness the results of his early work, and to note the gratitude and love of the later generation for whom he had builded the noble edifice now sheltering the school in America. He, this man Hallock, this plain, little unassuming old man, may never be honored in enduring brass or sculptured marble as the hero of bloody battles in freedom's cause. He may never be sung the liberating idol of a nation rescued from the tyrant's heel. His features may never fill a canvas, almost deified, because of conquests in foreign lands. His poor mortal habiliments may never rest in porphyry mausoleum built upon hecatombs of sacrificed human lives or battle-maimed survivors. But, blessed be God on high, our brother lives, and forever, in the hearts of Hahnemann's faithful posterity!

His life was one of gentleness and peace. He was not at war with his brother, though like Heine he found it impossible to keep back the truth—even though he might oft have wished to escape the battle for righteousness' sake; it forced him into the arena and made him defender of the faith that was in him. And this good, great, gentle, loving old man, whose step was so springful, whose laugh was so blitheful and happy, and whose eyes kindled and became suffused before that tumultuous demonstration in his behalf in the little Baptist meeting house at Newport a few years ago—this dear old man, Louis Hallock, has been touched by the wing of the angel Azrael, and called from Labor to Refreshment. He has entered into the Celestial Grand Lodge of Rest where the Supreme Grand Architect of the Universe presides. And we shall see him here again no more forever! Ah, it was something to have lived—to this dear old man of ninety. It is not given to many to see so bountiful a harvest of success and gratitude resulting from a lifetime spent in doing good. And he was spared to reap in much the harvest himself. Not his to be laid away a pain-wracked, unconscious, paralytic, or gibbering invalid for years and years. A merciful God permitted his wearing of the harness of duty until a few weeks before the final summons came. Then he went quietly and peacefully, content and conscious of a race well run and a duty long and faithfully done. And his works do live after him. Farewell, a long farewell to our dear friend, patriot, physician, and brother! Not dead but gone before.

A roseolous rash closely resembling that of scarlet fever is seen occasionally in septicæmia, diphtheria, malaria, nephritis, autointoxication from bad food, as well as after taking quinine, copaiba, and many other drugs.

THE RETIREMENT OF DR. SCUDDER.

THE AMERICAN HOMEOPATHIST has not a word of unkindness to say as to Dr. John K. Scudder, who was recently retired from the Ohio State Board of Medical Registration and Examination at the end of his year's appointment. We have reason to know that Dr. Scudder was one of the brightest, most active, and perfectly honest men upon the board. He was doubtlessly instrumental in driving impostors out of the State and for this, and his personal graces he deserves well of every doctor of the State of Ohio, without distinction of school or 'pathy.

Our criticism has been directed to the eclectic politicians, who dared at a critical juncture in the pending medical legislation, when the possibility of securing any medical legislation hung upon a hair, and a very fine hair at that—our criticism is directed at those politicians who took advantage of this dirty trick to foist a second man upon the board—a man as a man—who was not entitled to a place there. It is all well enough now to say that the action of the eclectic members on the board has since then driven hundreds of bogus eclectics back into the woods of Indiana; some way must, of course, be devised to account for that wonderful discrepancy between the alleged eclectic strength in Ohio, and the pitiful return which the touchstone—actual registration—showed up.

The fact remains, however, that it was a trick of politicians, to which no medical man should have been a willing party. The homeopaths went before the medical profession not only of Ohio but of the United States with a black eye—inferiority of numbers—and that black eye it will take many more years to bleach. The homeopaths have been defrauded of one year of service besides. Dr. Baxter, the recent appointee, should have been on that board from the first; and together with that other indefatigable homeopath, Beebe, something still more bright and energetic could doubtlessly have been done for the prevailing homeopathic condition of things in Ohio and especially in Cleveland.

Therefore, we repeat, that while we have none but the warmest feelings of regard and esteem for Dr. Scudder as an individual member of the board, we continue to claim that his school as a school of practice, through its pushers at Columbus at a critical pinch, was guilty of a trick the pettiness of which will not soon be blotted out of the memory of homeopaths.

Deep, rapidly increasing pain in an arm or leg, accompanied by swelling without redness or fluctuation, together with high fever or chills, is the typical picture of acute osteomyelitis.

Book Reviews.

JOURNAL OF HOMEOPATHICS. Vol. I. No. 1. April, 1897. Dr. J. T. Kent, Editor, 2009 Walnut Street, Philadelphia, Pa.

This little journal of thirty-two pages is devoted, as its title implies, to the advocacy of Homeopathics, a title we have never clearly understood. However, that is not to the point, which is, that this is the natural outgrowth of a desire on the part of a great many of ultra-homeopaths to read of cures made with homeopathic remedies with the sky-high numerals following the once-in-a-fortnight dose. We are not of the scoffers at high numerals, having learned most of our trade at Dr. Kent's feet, and using some of the high potencies in our practice; the only apparent adverse criticism we have to make is that if this journal is to become a popular medium, it will find some difficulty in gaining that foothold financially which is so essential to those engaging in printing, or, for that matter, in any other business, so long as it appeals to but a limited class of adherents. The later, and, we believe, the better trend of homeopathy is to deal with the school as a class and not as a divided unit, with a few worshippers at this extremity of the posological gamut and a few more at the other. And, besides, so long as the question of potency and dose continue hidden in myth and mystery, it is not safe to dogmatize on either form of it. Dr. Kent's *materia medica* lectures, as published infrequently in various of our general homeopathic journals, have made his system of analyzing and explaining the remedy a popular one; thus creating a undoubted demand for those lectures. But if he couples that popular request with a bit of personal dogmatism,—the rubbing-in of dose and potency,—he may find some falling away in his admirers. As to the absolute need for such a journal, there is also a question. The *Hahnemann Advocate* of Chicago, and the *Homeopathic Physician* of Philadelphia, certainly fill that "long-felt-want" with nicety and perfection. Of course, if the *Homeopathics* is to be merely an advertiser of the P. G. school no further fault need be found—except that it would be a little less obtrusively offensive if the putative editor would not permit the "devil" (in the printing office) to add all the medical and literary titles to the editor's name, when that august name is used to authorship the various papers presented. This latter habit gives color to the belief that Dr. Kent is editor nominally only; and that his admirers are in reality the dux et machinery, so to speak. Still there is no objection to the P. G. school of Philadelphia investing its surplus dividends in

advertising matter of this or any other kind. But it will not carry a very heavy subscription list at two dollars per annum, we fear. One closing word for the P. G. school is to be said; namely, that it stands almost unique in that it teaches medicine by medical men and women in a medical college; and is in no wise beholden for help to either the ministerial or the legal profession.

St. Nicholas has discovered a new way of interesting its youthful readers, by means of a paper angular blocks with which it shows the children how to build men in all forms of motion. Its other stories are as good and crisp as ever.

Harper's Magazine contains a number of illustrations by C. D. Gibson. Another installment of Du Maurier's "The Martian," "White Man's Africa," and the usual instructive editorial departments for which this old magazine has been famous for so many years. Shakspeare is having a pass with the writers and artists now. Lincoln and Grant being about run dry.

Scribner's for May has several excellent short stories, notably "Betwixt Cup and Lip," "The Conduct of a Bank," and the usual serials. It also contains descriptive papers of Harvard student life at different periods. A little singular for so progressive a University is the fact that in perhaps only one picture of the article the students are not represented as smoking cigarettes, and that is in the chapel scene. London, as seen by C. D. Gibson, is graphic and strong.

The current *Lippincott* contains "Jason Hildreth's Identity" by Virna Woods (a complete story) which is one of the best stories which have appeared in this ever popular magazine since the publishing of "Ten Minutes to Twelve," and the "Social Highwayman." It is a story which will hold the interest of any reader from the first paragraph to the last one on the last page. And if that reader be a medical man or woman, it will have to him or her an added interest in that it deals with a peculiar phase of psychological medicine with which he or she is professionally familiar. By all means read it. Other of the shorter stories are good and readable.

The Review of Reviews deals in an American way with the Cuban question. Stephen Bonsal handles the subject without gloves and puts the blame for much of the present distressful condition upon the indifference and red-tapism of the United States. He is not a bit chary in his language when describing the conduct of Weyler in his warfare upon non-combatants. And he prophesies that three months more will close the scene, simply because the money is not forthcoming to carry on a war which cannot be made successful for either combatant. It is well-written and takes the popular American

view—we mean the side which does not reflect the diplomatic coloring of the shield.

The Century is mainly busy with Grant's personal recollections through the medium of Horace Porter's private and intimate relationship with the great general. But the matter dealt in is pretty much wearing out. It is becoming tiresome to have an ordinary mortal, as Grant was known to be, dished up always as a hero, a man who could not swear, who was always superlatively generous to everybody, who apparently didn't know enough to get up off the roots of a tree and stop whittling a pine stick when matters of the gravest moment were transpiring within a few hundred feet of him, who rebuked with that lofty dignity an attempt on the part of his staff to tell an oblique story. Grant was Grant, a child of the people, and the common people like him immensely because he was a common man. They will not tolerate to have him deified. Too many people are yet living who knew him him well, as well as any member of his military staff could have known him; and these garish Sunday-school stories are becoming in some respects nauseous. Pretty soon we will get back to the James Parton era of the cutting-of-the-cherry-tree. Let us have peace! It is being sadly overdone, we believe. For the rest the *Century* keeps up its interest and instructiveness, being in advance on all popular topics with pictures by the best artists of the world.

Globules.

The death rate in London last year was 19.3 per 1000.

No infectious disease, it is said, is known to exist in Greenland.

A Skiagraphic Medical Society is about to be started in London.

Excessive smoking is apt to lead to nervous deafness with tinnitus aurium.

The present Texas legislature has in it ten and Arkansas nine physicians.

The New York Academy of Medicine has a library of 50,000 bound volumes.

Albumosuria is a pretty constant symptom of gastric or intestinal ulceration.

The president of Brazil is a physician and is also president of a medical college.

A hundred American physicians attended the Parisian hospitals last summer.

The newly elected president of Switzerland was formerly a practicing physician.

For Sale. A No. 2 Caligraph for \$25 cash, in good order. Address this EDITOR.

A fish diet has proved very serviceable in chronic nephritis of only moderate severity.

Ichthyol, undiluted or in ointment, is recommended as an antiphlogistic application for insect stings.

Place, Cleveland. Healthy man of fifty took grip. Employed woman doctor. Sent to hospital. Operated upon. Dead.

According to the *Medical Record*, the odor of the sweet pea is so offensive to flies that it will drive them out of a sick room without being disagreeable to the patient. [A few drops of the baptisia tinctura or wild indigo will oftentimes have same effect.]

The people living at Peak's Island are so healthy that the physician who attempted to make a living by remaining there failed, and the islanders, sick and well alike, contribute a certain amount yearly, outside that paid for services, to keep him there.

In cases of delayed labor due to failure of expulsive efforts on the part of the mother, Dr. Davis recommended maneuvers of expression. These consist in making manual pressure over the fundus of the uterus in such a way as to assist in the descent of the child through the parturient canal. In posterior occipital presentations force of gravity may be utilized to assist in rotation. This can be made use of by placing the patient on the side toward which the occiput tends to rotate. In other cases in which the pelvis is a trifle narrowed in its antero-posterior diameter, or the head is lodged upon the pubic bone, the Walcher position may be used with advantage.

Swallowed a Hairpin. (Quoting from a quotation in the *N. Y. Med. Jour.* we find that) A young woman had suffered since January, 1895, with catarrh of the bladder; a bimanual examination resulted in locating a foreign body in the vesical cavity. At this time the patient's mother recalled the fact that her daughter had swallowed a hairpin shortly before the onset of the affection. Patient was now examined by means of the X-rays. Two exposures, one of eight and the other of fourteen minutes' duration, gave excellent results. The hairpin became perfectly visible; it was then extracted, and four days afterward the patient left the hospital cured.

So? Swallowed it, did she? The last time we heard this hairpin story it was to the effect that after the young woman had had extracted from her bladder a hair pin of which she had had no knowledge whatsoever, she turned to her girl

friends at the bedside saying: "Let that be a warning to you never to go to bed with hairpins in your hair."

At the banquet tendered to President McKinley, his Cabinet, ex-President Cleveland, the Grant family, foreign Ambassadors and Ministers, etc., on the occasion of the dedication of the Grant Monument in this city on April 27, G. H. Mumm's Extra Dry was exclusively used. It was also the only champagne served at the banquet tendered the delegation to the International Sanitary Conference at Venice, Italy, on March 7, last.

The little sign, "Walk in," found on some of our doctor's doors is put there to inform the dear people that the doctor wants them to "walk in." Otherwise it might be thought that an ordinary doctor-sign on his door, but minus the "walk in" postscript, meant simply to indicate a resting-place for the weary Æsculapian from alternately clipping his United States bonds or engaging in family worship, and that he must not be disturbed. Great is the "Walk in" doctor.

A New Feature for the Bicycle.—We have had an opportunity of examining, says the *N. Y. Med. Jour.*, an appliance known as Johnston's eccentric hub, which, as its name implies, is designed to produce eccentricity in the motion of one wheel of any bicycle to which it may be applied, and so cause a movement pleasant to the rider, similar to that of a horse cantering. The hub admits of adjustment, so that this motion may be regulated or dispensed with at will. Persons who have tried the device think it improves the exercise derived from bicycling, inasmuch as, besides giving an agreeable motion, it brings into play a greater number of muscles.

As if to produce eccentricity in a bicycle wheel were any such wonderful performance! Anyone who has made a few centuries will avouch for the statement that one of the most common occurrences of bicycling is eccentricity in the motion of one wheel: Especially when you are meeting another and possible equally unskillful rider. As to "giving an agreeable motion" we are not so sure of that; but we are willing to swear hard and fast to the concluding averment that "it brings into play a greater number of muscles." At least our Columbia used to do that at first.

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The American Homeopathist.

NEW YORK, JUNE 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



C. E. TENNANT, Jr., M. D.,

Professor of Chemistry, Toxicology, and Pathology in the
Denver Homeopathic College and Hospital.

INSTITUTE FINANCES.

THE American Institute of Homeopathy is in debt. It must have relief. It must not go begging. There is no occasion for that. It is nonsense to think of increasing the annual dues—as nonsensical as is the talk of appealing to private subscription. Its assets are ample to meet every liability. It is not bankrupt. Where, then, is the trouble, and how may it be corrected?

In the first place, a review of bills paid for committee work discloses a paramount need for instilling into some of the members a little more

of patriotism—or love for the American Institute. It is a pity that some of these high-toned, kid-gloved committees, after serving in perfunctory fashion on some perfunctory committee, must bring in bills for service and expenditures which they could easily have borne themselves. Any absolute and necessary outlay should be reimbursed, *if* the Institute is in funds. Were the American Institute a political machine, dependent for its very existence upon services rendered, both herculean and shady, of certain of the “faithful,” then there might be some passing justification for reaching into its pocket for every little pretended or actual service. But the appointment of Institute members upon committees, many times upon direct solicitation, is of itself an honor sufficiently great to compensate for the little service required. If every little cross-roads committee must have letter-heads and envelopes and postage stamps and car-fare, let them at least assume a virtue if they have it not, and be generous enough to defray the expense out of their own pockets. The Institute is built upon the honor of its membership. Every man and every woman in it is expected to do his utmost to add to its prosperity. And that means an occasional sacrifice of individual comfort and means in order that the whole may advance and become a power in the land. It ill becomes committee members, and others in the service of the Institute, during a lean-kine period, to incur petty bills for printing and mailing and postage, as well as to travel in Pullman cars and live at five-dollar-a-day hotels.

* * *

THE expense of the programme and other circular printing mounts annually up into the hundreds of dollars; this we believe could easily be saved. It would be a penny-wise and pound-foolish economy to say that no programme shall be prepared. It does mean this: Give the printing and mailing of that circular and programme (and even of the Transactions) to some firm (reserving, of course, a discretionary revision), with permission to eke out the expense with clean advertisements. What is wrong in

that suggestion? This editor offered some years back to do this with the annual programme, but his offer was declined because unethical! Ethics be blown! Let us take our ethical heads out of the hot sands of the desert and look this issue squarely in the face. This is a business age. The Institute is a business organization first, and a code-coddling company afterward. Let us do business in a business way. Advertising is a legitimate source of revenue. It will not injure the Institute's printed programme. The programme is naught but a titular description of things expected to be done. It is not saved. After the Institute adjourns *sine die*, the programme is found under foot. Why, then, this air of super-righteousness? Swallow the foolish pride—there is nothing dishonorable about clean advertisements, when not offensively placed—and accept the means at hand!

* *

ANOTHER and most proper means of revenue is the collection of the dues due the Institute. Under the policy of the Institute—a policy of business laxity which does not obtain in any other organization of the same importance as the American Institute of Homeopathy—under this peculiar, namby-pamby policy, the annual bills are *mailed* to the members; and these members of the Institute, being also members of the frail human family, and by no means naturally overprone to run after a man or a corporation to pay a bill, quietly ignore the Institute bill, and so it ultimately is lost in that heap of dust-covered papers on top of the doctor's desk. The business way to do business is to do it in a business way. Membership in the Institute is worth five dollars a year; and, being so valued, should be paid each year. If it is not worth that, it is not worth belonging to. Better fifty paying members than a thousand dead-heads. A man or woman who cannot or will not pay his dues at the close of one year, when it amounts to but five dollars, cannot pay the indebtedness when it has reached three or four times that sum. If his or her chief interest in the Institute is exhausted in being annually feted by the Committee of Local Arrangements and tickled with gratuitous street-car and boat rides, with fish-dinners on shore, with reduced railway and headquarters-hotel rates—then that member had better be dropped from the rolls. He is of no earthly use to the Institute. He is probably not honest enough to return the several volumes of Transactions which he has been receiving under false pretenses.

The way out of these woods is to appoint local collectors, mail to these the bills in bulk, and let them make a house-to-house solicitation, paying

for collections the usual business commission. What is wrong with this?

* *

AND a final suggestion, which we hazard with a full knowledge of its ticklishness and danger, is an appeal to the Senate of Seniors, either to decline further immunity from financial contributions to the Institute coffers, or, at least, during this crisis, to come forward and help defray the running expenses. The Seniors, always worthy, and, in many instances, eminent members of the profession, are unfortunately not regarded as an American adjunct. Their position is anomalous and misunderstood. They are looked upon by many in the Institute as an Upper House of Do-nothings. There is certainly a manifest unfairness in requiring the younger members of the profession and of the Institute—those who still sup full oft with the specter of ill-success at the elbow, a constant board and bed companion—it seems ill advised to ask these to carry those who have passed through the fiery ordeal of entering upon and continuing in a rapidly crowding profession. We encourage the young man and the young woman to come up to the Institute and cast in his lot with us. We need young blood. We need the enthusiasm of young doctors. We need to be rejuvenated with the confidence and later knowledge of the schools. But there is no use holding out this invitation in one hand while in the other we hide the knout. If this honorable Upper House of the Institute had been exceptionally active in some particular direction, or had, as is the custom with life insurance companies, contributed an extra premium in its earlier years in order at a later and definite period to be exempt from financial cares for all time thereafter, then there could be no murmur. But this is not true. The period of monetary exemption comes simply because of the lapse of years. It seems to have but one purpose; the paying of a premium for continuance in the Institute. Were the Institute in good finances, there would be no especial harping upon this theme; they might still wear their honorable red ribbons, sit as a tribunal of last resort, be largely in charge and command of the Institute, and yet *pay* nothing for such privileges. We are sure this Upper House does not care to pose as a body of indigents. If there be among them, for any reason, those unable to meet the financial requirements of the Institute, then they may, as may any member of the Institute, lay hold on that clause in the by-laws which provides for the remission of dues *sub silentio*. But as matters stand now, we appeal to their sense of justice if it be not true that the young and poor and still hard-working membership is required to

carry the older and practically independent members.

* *

WE have no wish, even remotely, to attack hypercritically any of the time-honored customs of the Institute. We are not iconoclastic in our nature. It is at this time merely a choice of evils. The Institute is in grave peril. Financial embarrassment will sap the life as well as the confidence of our labors, mattering not with what vigor they are conceived and put into existence. The Institute has spent much time and energy in appointing committees, in listening to forensic displays by the hour, in adopting spread-eagle resolutions, in attending to the business of the colleges, of the several subordinate societies, and of other allied interests, but has shamefully neglected its own business. The present officials are not to blame for following a fashion which has been set them by a long line of predecessors. It would indeed be a hardy member who, having been inducted into a chair moss-grown with ancient landmarks, would dare make many innovations in its conduct. No, it is the Institute as a whole whose Mrs. Jellyby policy we arraign.

* *

LET there be a sharp revision of committee expenses. Let the outgoing presidents watch with more than usual interest the make-up of their committees. An ordinary committee, one filled by honorable members of the Institute, ought to be ashamed to reach into the Institute's pocket for little expenditures, which may or may not be necessary to the ostentation of that committee.

Let there be a curtailment in the printing and postage and express bills, by adopting modern modes of doing such business.

Let there be adopted a financial policy worthy of so great an association of men and women as compose this most influential of medical bodies. Commission proper men and women here and there to act as local secretaries, to make collections of the Institute's dues upon a business basis; and to whom could be sent the transactions in freight bulk and by them distributed instead of the many hundred individual express parcels with the "drug-store" charges.

Let the Seniors view this problem most seriously and determine if they do not note the delicate if not unpleasant relationship in which they, as an older and practically independent body, stand to the younger and poorer and still dues-paying body. The opportunity is presented them of rising to a pre-eminent height in the estimation of the Institute and of the profession at large by either voluntarily resigning their financial immunity, or at least, in this crisis, coming forward and assisting in lifting the Institute wheels out of the financial mire.

SELF-INFECTION, AND SEPTIC FEVER.*

By Dr. T. GRISWOLD COMSTOCK, St. Louis.

THAT such a thing as self-infection or self-intoxication can take place has been abstractly denied by writers of prominence in the profession. The majority of authorities in obstetrics deny that child-bed fever can exist from auto-intoxication, and any practicing accoucheur who presumes to advocate such a doctrine is ostracized, by some of our recent obstetrical writers, as an "ignorant man," a "pessimist," and "one to be condemned." Passing by for the present the question of child-bed fever, we will proceed to examine our animal system and see if we cannot find that our bodies may sometimes contain ptomaines, which can intoxicate and actually poison us. How often is the physician astonished after a large evacuation of a sick patient, to find the sickening odor to completely permeate the sick man's apartment, and almost prostrate one from its repulsive effluvia. And here is an instance where the natural inquiry arises, how it was possible for the subject to have retained such deleterious fecal contents in the alimentary canal, in some instances for weeks, and to have kept its sickening and penetrating odor so well concealed? The human organism must have stored up within it some antiseptic agent or other defense, far superior to any medicament or antiseptic that we possess in pharmacy, and in explanation, we can only exclaim that: "We are fearfully and wonderfully made." In the case cited, how was it possible for the organism to have been protected from any dissemination of the fecal contents which, being pent up there, gave out no perceptible odor until they were evacuated. The physiological chemist informs us that the secretion from the liver, when discharged from the alimentary canal, acts upon and protects the economy from the serious consequences of the presence of corrupting fecal matter. In these modern times of improvement in medicine, when every well-educated medical man practices antisepsis, and we are making a careful study of such agents, it must be conceded that nature has provided us with some

* Read before the Missouri Institute at Kansas City, April 22, 1897.

defensive antiseptic, more practical than if not superior to anything artificial that we have as yet discovered, notwithstanding our advances in pharmacy.

A recent writer of prominence in the profession says that the belief in auto-infection is "the gospel of despair." Contrary to this assertion Bouchard, in speaking of auto-intoxication, says, "man is standing as it were upon the bank of a precipice; he is continually on the threshold of disease; every moment of his life he runs the risk of being overpowered by poisons generated within his own system." If a subject has a chronic catarrh of the stomach, and with it an impure breath, which has lasted for weeks and months, this is an indication of a chronic auto-intoxication existing within him. We will not stop to discuss the numberless bacteria and germs that are being bred in his alimentary canal, as indicated by his fetid breath, but from this we can readily understand that abnormal or perverted nutrition may lead to the development in his system of substances which may become ptomaines. Persons suffering in this way are subject to colds, acute catarrhs, asthma, rheumatic pains; they are lithæmic, and in no good condition to ward off malaria or the zymotic diseases that affect mankind. If the kidneys are at fault so that the effete matters in the blood cannot be properly eliminated, or if the liver fails to remove the constituents of the bile, self-intoxication may set in, and end in a deranged and perverted condition of the blood, which may be septic in nature. Thus man is constantly threatened with a chance to be poisoned, and as Bouchard says, "he is ever working toward his own destruction; he makes continual attempts at suicide by intoxication." Environed by such dangers, thus he passes his life; he eats inordinately, his alimentary organs may have been originally normal, but now he has a defective nutrition, because he harbors within himself something practically the cause of disease; is not this an instance of auto-intoxication which, finally, may end in the development of infection? When his nutrition is embarrassed—his secretions being abnormal, either too acid or the opposite, his stomach failing to act properly—his taste is vitiated, he has headache and a bad

breath, and we can well understand under such circumstances, when he happens to be exposed to malarial influences or toxic vapors from some zymotic disease, his vitality being already weakened, he is in no favorable condition to defend himself from such external poisons. The toxic matters already manufactured in his intestines, made manifest by his fetid breath, are sufficient to set up an auto-intoxication.

External deleterious influences may cause nervous reflexes, etc., and infection may easily follow. Pneumonia is a case in point; it is an infectious disease, as all advanced physicians now concede, and a subject with low vitality, whose system is already impaired by some constitutional taint, will be more liable to take it than a person in health. We might mention parasites which, in rare cases, are generators of infection.

Take a subject from either sex who has obesity complicated with lithæmia, and such a subject is liable to become lazy, low-spirited, and dejected; to have insomnia, fits of heart-burn, palpitation of the heart, renal organs sluggish, liver torpid, and normal bile is not sent out into the alimentary canal, but thickened, or actually inspissated, it remains stored up in the gall bladder. In this case the subject suffers not only bodily, but soon his mental condition fails, and all because primarily his secretions were vitiated and nutrition impaired. It would seem that such a subject would have something like an auto-intoxication. There is an affection that women during parturition are subject to—it is a fever called puerperal fever, because it happens during the puerperal state. This "puerperal fever" is a disease spoken of in the book of Genesis, that has existed since the death of Rachel the wife of Jacob, who, after her delivery, succumbed to exhaustion from the labor, or what is supposed to have been puerperal fever, and under this name it has been described for more than a century; but now the name "puerperal fever" is not even mentioned by some recent writers upon midwifery. They find fault with the expression "puerperal fever," and say that there is no such disease.

We need not discuss this subject at great length, because volumes have been already

written upon it; but we shall not fail to declare our belief, with so astute a writer as Robert Barnes of London, that blood-poisoning during the puerperium is autogenetic, arising from processes inherent to the subject; or heterogenetic, the result of infection from without. Bear in mind, that the term "fever," as used generically to designate a class of diseases, means a general disease which results from unknown blood-changes. When we term it autogenetic or *essential*, it signifies that the characteristic symptoms are not due to local causes. Fever during the lying-in period may not be due to any actual infection from without but may come from reflex irritation, from cerebral disease, from gonorrhea, and in rare cases from syphilis. We have already had in private practice cases of puerperal fever from gonorrhea, and this is mentioned and verified by authorities. During the lying-in period instances of fever from emotions, shock, disappointment, silent grief, and in those who have had gripe certainly occur, and its existence from such causes cannot be denied by obstetrists. In the practice of the essayist, puerperal convulsions and puerperal fevers have occurred in unmarried young women of the upper classes who were mothers of illegitimate offspring. There grief, disappointment, seduction, ill-treatment, and loss of relatives have repeatedly been the real cause of such attacks with these patients. Are such cases to be ignored?

The eminent Dr. Hirst quotes instances of puerperal fever from constipation, reflex-irritation, from pressure-necrosis of a fibromatous or myomatous growth, from exposure to cold in an ill-ventilated lying-in room, from syphilis and from other causes. I may be asked the question "Can a disease generate itself?" I reply "No"; but intense mental anxiety, together with great bodily suffering from a long lingering labor, may be followed by exhaustion and loss of vitality such as to occasion an attack of low fever that may ultimately become infectious.

I think there are at least four varieties of puerperal fever: idiopathic, traumatic, symptomatic (reflex), and finally septic. These need not be described, but the symptomatic is due to a coexisting or pre-existing disease; without doubt we have malarial fever, also typhoid fever

during confinement, and these diseases might have existed before labor, and they are then regarded as puerperal fevers.

Dr. Joseph Price of Philadelphia says, "puerperal fever is not always an infectious disease, due to septic germs introduced from without, as we have been informed." After a lingering labor or an abortion with an incomplete delivery of the placenta, where pieces of the same are left behind, there may set up a true "resorption fever," from retention of the infectious child-bed secretions; the poisonous material being taken into the system mainly through the lymphatics of the uterine mucosa. A case in point to illustrate this is recorded in obstetrical works as happening over two hundred years ago in France.

The Duchesse d'Orléans, wife of Louis XIII., after an easy labor succumbed to child-bed fever, and sapræmia (self-infection) from the resorption of the putrid products of the retained placenta. Dr. Playfair, in relating the case, says: "the *post-mortem* of the Duchesse was made by leading Court physicians, and they found on the right side of the womb a small portion of the after-birth so firmly adherent that it could be torn away with great difficulty by the finger nails." This seems to have been a typical case of autogenetic puerperal fever, from self-infection. A woman who has undergone a severe protracted instrumental labor with contusions, perineal laceration, and great mental strain, when delivered has lost so much of her muscular force as to be exhausted; and may not this great drain upon her vitality be a cause for an attack of autogenetic puerperal fever? The answer would seem plainly to be *not* in the negative. We hardly think it is just to classify those physicians who believe that we have at least two forms of puerperal fever as "ignorant, and not in accord with advances in the profession"; for, with Dr. Robert Barnes, we believe that "we must abandon the vain attempt to find one definite puerperal fever, but recognize the clinical fact that *There are Puerperal Fevers*." Finally, "puerperal fever may be a zymotic disease of unknown origin, although local lesions coexist, and yet they are not the primary source of the trouble, but are secondary to the changes in the blood."

Winckell, Professor in the University of Munich, in his "Text-Book of Obstetrics," translated by J. Clifton Edgar, page 850, says: "without denying, as was formerly done, the occurrence of self-infection, I must nevertheless, regard it, according to my experience, as a rare exception." It would seem, from what we have cited, that it is not extreme "pessimism" to conclude with Fordyce Barker, Dr. Price, Robert Barnes, and many others that a puerperal woman may occasionally have a fever that is *essential* or *autogenetic*, and not always from a local cause or infection, outside of the woman herself. Dr. Barker says that, "septicæmia may be developed in a puerperal woman either from autogenetic or heterogenetic infection without puerperal fever; but this infection may also complicate puerperal fever."

Dorland in his recent work, "Manual of Obstetrics," Philadelphia, 1896, says: "the possibility of self-infection by the puerperal woman has been disputed ever since the era of antiseptics was inaugurated. It is now generally admitted that in many instances a variety of true puerperal sepsis may arise irrespective of any immediate infection from without."

AN EASY AND CERTAIN METHOD OF TREATING OBSTINATE "INGROWING TOE-NAIL." *

By DUDLEY, WRIGHT, M. D.,

Assistant Surgeon and Surgeon for Diseases of the Throat to the London Homeopathic Hospital.

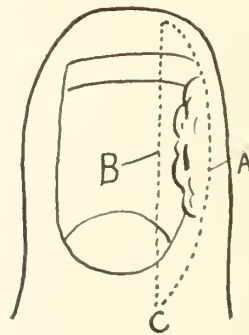
THOSE who have had much experience of the ordinary method of treating the advanced and obstinate condition of ingrowing toe-nail by means of avulsion of the nail, will, I think, agree with me that it is open to great improvement. In the first place, it must be acknowledged that it is rather a rough and barbarous procedure; but this might be overlooked if it were ultimately successful. The experience of many attests that it cannot even lay claim to this; and it not unfrequently occurs that not only does the condition return more or less after the operation, but that the place of the old nail is taken by a hideous horny excrescence.

The following method of treatment, which

* *Monthly Homeopathic Review.*

I have now been in the habit of using for the last four or five years, is not only easily performed, but so far as I can find, has never been followed by a recurrence, and is attended with very little, if any, after pain. I may say that the method is not my own invention. I first saw it mentioned in a paper called *Medical Reprints*, but, as I have not the copy by me, I regret that I cannot give the name of the author; and I only know that he hailed from the other side of the Atlantic.

The operation is performed as follows: The patient being under an anæsthetic, the toe is thoroughly cleansed by scrubbing with soap and water and then with alcohol, which should be made to pass freely under the nail by means of some wool on the end of a probe. It is a good plan before making the incisions to tie a small drainage tube round the toe near the web so as to act as a tourniquet. An incision is now made as in the figure (dotted line *a*) so as to go



outside the overhanging granulation, which usually projects over the margin of the nail. This incision is curved and should be made with the knife point slightly slanting toward the nail, so that when it is joined by the two extremities of the next incision (*b*), which should go down vertically to the bone, and project a short distance beyond the nail both above and below, a wedge-shaped mass may be removed.

In making the incision *b*, scissors will have to be used to divide the nail. These should be sharp pointed and be pushed upward under the nail. The greatest care should be taken to make the incision extend well up beyond the nail to *c*. This is the essential point of the operation, for it is from this point that the nail grows, and the object is to remove this growing

point and so prevent the nail from ever spreading laterally beyond the line *b*. It is best to scrape the tissues from the bone at this point so as to insure the complete removal of the matrix of the nail. The whole tissues intervening between the two incisions having been removed, the tourniquet is now loosened and bleeding, which should be but slight venous oozing, is controlled, and a stitch inserted into the upper and lower angles of the wound, so as to leave as small a surface for granulation as possible.

An iodoform gauze dressing is now applied, and a bandage over all completes the dressing.

At the hospital, where I have done a considerable number of these operations, the patients are instructed to bring a boot, with the end of the upper leather cut off; they then can walk home after they have sufficiently recovered from the anæsthetic.

The dressing need not be touched for several days, and the wound usually heals up within two weeks.

As I have said, I have never seen a recurrence; but patients who have had one side done have often come back a year or so afterward to have the toe of the other foot operated upon; and I have always found that the operated side is healthy and the nail has not grown laterally at all.

It often happens that a nail "grows in" both on the outer and inner side on the same toe. Under these circumstances I do not hesitate to treat both sides simultaneously, and the result is invariably good.

I do not wish it to be understood that I recommend this treatment in every case. There is no doubt that, in the slighter forms of the affection, the usual method of inserting wool under the nail succeeds if persisted in; but unfortunately patients often will not take the trouble to do this constantly, and matters go from bad to worse and demand more radical treatment. In such cases the method I have reported above is, to my mind, far preferable to the old method of avulsion.

Never allow fruits, during an attack of diarrhea, for their acid juices cause an increased peristaltic action of the bowels:

MEDICINE: IS IT A LEARNED PROFESSION?

IN pursuance of a custom which has obtained considerable currency in the homeopathic colleges, why not extend that fashion, and permit President Custis to have his presidential address prepared and delivered for him by his favorite pastor? This would be "nuts" both to the parson and to President Custis. The clergyman would earn an extra fee, while "Brer." Custis could give his time to log-rolling, or wire-pulling, or other of the greater and more important matters hedging about his Institute office. If, then, what is customary, the preacher should give us two hours of very prosy preachments, threshing all over again the homeopathic platitudes from aconite to zinc, carefully divided into seventeen or eleven logical and rhetorical heads and sub-heads, the audience would feel no great hesitation about shuffling its feet, or coughing, or snapping its watch, or looking uneasy, or going to sleep, or doing other distracting things; while, if "Brer." Custis should lapse into homeopathic or institutal reminiscences, and become prosy, or even poetical, it would be too bad to get up *entr'acte* and "see" a man.

The same ministerial policy might be invoked in the conduct of the Memorial Exercises. Here a preacher would be in high feather, for he would be upon his own heather, with a flirting, painted, hired choir above him in the organ-loft. But possibly the chairman of this section of our solemn service may be himself sufficiently long-winded to do away with the necessity of hiring any other form of preacher, and be enough wordily-wise, forsooth, to read his address from galley slips, carefully set in type and then printed in the next morning's paper. So, too, we might obtain the assistance of preachers to help out the sectional chairmen of the Institute. How very nice it would be if, instead of appearing before the Institute in general session, or before his section in particular, and reading his "raw-summy" of the alleged progress made in this especial field, the chairman could farm it out to a learned preacher, permitting this ghostly inhabitant of all ancient and modern learning to strut through the hour, and inculcate a divine lesson in relation to the occurrence of measles or appendicitis. Meanwhile the chairman *de facto* could accept the hospitality of the local committee of

arrangements, and go "skating" up the river, or down the road on his bike, or indulge in free rides on the street railways, or be a pleased, tickled, and amused spectator of the facility and velocity with which live hogs are made into mince-meat, or othersome poetical recreation furnished at the instance of some non-axe-grinding firm of the city in which the Institute lies bounden hand and foot for that year.

Think, too, what sweet relief it would have been to McClelland at Denver, or to Fisher at Newport, or to Dudley and Van Denburg at Detroit, could they have invoked their simulacra—the preachers—and employed them to read the attenuated histories and essays, so that that worthy could have received the benisons, and other things, which have been showered with such lavish hands upon the heads of these aforementioned Institute worthies by envious critics.

By all means, let us be progressive! Since in many of the schools of medicine we have adopted the ridiculous costume of the middle ages, and cling with pertinacity to that life-saving clause in our catalogues regarding the superior advantages accruing to our college from a direct wire with the Y. M. C. A., let us import and engraft also the ancient doctrine of the inseparable twinship of priest and doctor, thus giving plausible occasion for delegating all our important medical ceremonies to the preacher. For there is no good in any profession but the cloth! Yet we dare to stand up in the public market places, unshamed of brow, laying large hold on the pretense that Medicine is a Learned Profession!

DR. RICHARDSON'S EXCELLENT NEGLECT OF DUTY.

OUR correspondent from Kansas City, in speaking of the meeting of the Missouri Institute of Homeopathy at Kansas City during the past month, presented on another page, gives some oblique emphasis to the fact that the ever eloquent Richardson, the president of this Institute, failed to have in his hip-pocket, ready to spring upon his trusting co-members, a three-quarter-hour manuscript, by courtesy dubbed the President's Annual Address. Our correspondent refers to the omission in pleasant enough phrase, but still there is lurking, under the glove of velvet, a feeling that Dr. Richardson, by omitting this his chiefest duty, did not fully earn his presidential salary. Let us look

at the question for one moment. What is there more tiresome, as a rule, more politely exasperating than the average presidential address? And what, again as a rule, is more unreliable than the quoted medical facts, statistics, and recommendations for the future? What more uncomplimentary to his successor than upon the threshold of his—the successor's—election, to burden him with a lot of recommendations, which the departing president, likely enough, not having had the courage to put into force, gladly shifts upon his after-comer? Besides, who cares four or seven red beans what the president recommends? The address, being delivered in the very beginning of the session, when the patience of the audience is as yet young and tender and hopeful and courteous, is listened to with respect; whereas, were it put off till an hour or two before the closing, it would require as much eloquence as Richardson is known to possess to keep sufficient of the faithful in attendance to hear what the retiring president had to say.

Every editor and every wide-awake member knows just about what that anciently instituted papyrus will contain, as every member knows how that presidential committee selected by the vice president, but previously well canvassed and groomed by the president, will act upon the address. The presidential paper, on the average, is a lame substitute for the modern medical journal; furnishing, at the end of the year, what the journals have pawed over and dished up during every one of the twelve months of the passing year. There was a time when the president or chairman or chief executive of a society was selected and looked up to as the principal officer of that selective body; the occupant of an office whose greatness was conferred upon him because of surpassing merit; or as a recognition or special fitness along some certain line; or to be a concrete representation of some plank in the convention or party. But now, in so many instances, there being nothing worthy of a fight, he is more often the appointee of some wing of the society which was disappointed last year; or because he comes from a part of the State which is this year entitled to the chief office; or he may be selected to take the place which was his due several years ago, but at which time he was luxuriating in Europe and left the society beating upon his empty office door—which European hegira, as some people remember, was at a time when that man's services were most in great demand; or it may be an *ex-post-facto* recognition for being in charge of some committee engaged in preparing entertainment and amusement for the society while sojourning in his home city.

We favor the Richardson plan of disposing of

the annual address. If it is become a necessity that something oracular shall issue from the Delphian lips, then let that oracle speak the story trippingly and interestingly in every day phrase, and so derail that ever-haunting suspicion that some other fellow's gray matter constructed the imposing literary edifice, which the presidential reader is but illy prepared to unload. Besides, come to think of it, think what a vast improvement the Richardson plan of extemporaneous oratory is over that thumb-worn scheme adopted by the average medical school of having the chief address of every public occasion prepared and reeled off with pointless and pithless little moralities by the next-door preacher! We commend Dr. Richardson, and hope others of his long line of worthy successors in the Missouri Institute of Homeopathy, if they dare not follow the fang de sickle innovation, may at least be moved to "cut it short" in mercy to the patient audience, and leave out most of the chapters of Bradford's "Life of Hahnemann," or Hudson's pleasant references to the time when he was an allopath, or running in so many of the sections of a proposed medical bill, or embodying doubtful statistics of the increase of homeopathy in State institutions, or including the many other cut-and-dried reminiscent reminiscences which do not reminisce. Vivat Richardson!

MISSOURI INSTITUTE MEETING.

To the AMERICAN HOMEOPATHIST:

We have just had a most successful meeting of the Missouri Institute. You should have been with us. Dr. Fisher was here from Chicago and Dr. Bailey was here from Lincoln. The usual large Chicago contingent was not on hand, but the Missouri doctors turned out in good numbers and ran the meeting themselves in good form. Dr. Fisher helped us mightily on the first day, with a stirring address of congratulation over our entrance into the Fulton Insane Asylum, through the liberality and fair-mindedness of our Gov. Stephens, rounding off with fifteen minutes of hard and sensible talk about medical legislation, in which he scored the overofficialness of State Boards of Health, whereby local college interests were endangered and whereby practitioners of experience and ability were placed at a disadvantage as against students just out of college, and in which, also, he convinced those of us not already of the same mind, and these were precious few, that the post-graduate examining board is a thing not to be desired nor tolerated in this day and generation. He had with him a list of questions propounded by the New York board and as he read and commented on some of them, showing that they were not propounded by practical teachers and examiners,

he was warmly applauded, his remarks eliciting many signs of approval. He told us off-hand about the laws of a good many States of which we had read but little, and in his review of our insane asylums told us of every one in the United States, of Hahnemann's early views on the treatment and management of the insane, and a lot of data with which most of us were not familiar. Dr. Fisher has been sick. He shows it. But he has lost none of his interest in the subjects under consideration, and is able to give the profession a vast deal of information about which most of us know very little. His address was extemporaneous, yet connectedly delivered and was received with vigorous applause.

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Our Dr. Jenney, in welcoming the convention, was enthusiastic over the assignment of the Fulton asylum to the homeopaths of Missouri, and wanted to dub the Governor "Dr. Stephens." His remarks were felicitous, many of the early names in homeopathy were mentioned feelingly, and he gave the Institute such a welcome that its members were all made to feel that they were in a hospitable city.

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The president, Dr. Richardson, came near getting himself into a pickle-barrel. He failed to present a formal written address. Just why he allowed this unusually excellent opportunity to pass he does not seem to know. The Institute had a good deal of fun with him over it, the secretary proposing to fine him fifty dollars, and the committee on president's address actually reporting in favor of fining him half this sum. Finally it was proposed to leave off the fine, reprimand him for his failure, thank him for the excellent informal talk he gave the society instead of a set address, and tell him never to do so again. The word "reprimand" was stricken out, after the fine had been stricken from the report, and it was then adopted. Really, the opportunity was an exceedingly favorable one for a review-address which would have made a good campaign document, and which would have been effective in strengthening us with the people over the insane asylum question. It should not have been allowed to pass. But Dr. Richardson gave an excellent informal talk of a half-hour, in which the Governor and the legislative committee of the State society, and everybody who had done anything at all toward securing the Fulton asylum, were praised and their virtues extolled as only Dr. Richardson can extol, and we were in a measure compensated for his official shortcoming.

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I will not undertake to give you a synopsis of the professional part of the programme, nor is it

worth while to send you copies of the city papers, as the reports were so meager as to be disappointing. The folly of a false economy, whereby good medical stenographers were not employed, was strikingly manifest. The daily papers would have given us two or three columns each, had we had the matter written out for them. And it would have paid us right here in Kansas City, to have had the editor of the HOMEOPATHIST, or Dr. Stafford of Chicago, or some other competent medical stenographer with us at a good fee in order to have had the informal addresses, the discussions and synopses of the papers preserved for the Institute and written out for the daily papers. It is a mistake to allow a meeting of this magnitude to go unreported, and I for one hope it will never occur again. I will cheerfully pay my share of the expenses of an experienced medical reporter to have such reports as our State society deserves. It does the cause good and the discussions, often the best part of the meetings, are lost unless stenographed by one who knows how. Come over to our meeting next year, and we will see that the Institute pays you a good sum to get up good newspaper accounts of its sessions, and to report the discussions for the journals. If our Missouri journals had any snap about them they would have this work done for themselves.

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A pleasant feature of the meeting was the reports from the colleges and other institutions. It was surprising to hear of the good number of homes for the aged, for fallen women, and for the indigent generally that are under homeopathic control here in Kansas City, while St. Louis came up with a good report, too. The colleges all had "the best year they had ever had," of course. St. Louis led off with twenty-six graduates, the "brightest and best class ever turned out"; the Kansas City Homeopathic Medical College followed with fifteen, "the best it had ever graduated," and the long-named college, the College of Homeopathic Medicine and Surgery of the University of Kansas City, reported a class of seven, with one graduate. This last institution has a very evenly balanced faculty, comprising some of the best men in the city, the Elliots, Forster, Jenney, Northrup, Fisher, Merwin, and a number of others who might be named, and is the homeopathic department of a Methodist university with two hundred thousand dollars or more behind it. The report given by Dr. Forster was really quite portentous. The Kansas City College steadied under it, gave a good review of its clinical work, etc., and seemed not to be dismayed in the least that a new Richmond had entered the field.

There are those of us here who feel that these two colleges should come together. We tried hard to get Dr. Fisher to say so in open convention and advocate union. But he seemed to feel that he might be placed in the position of the man who had interfered in a fight between the Irishman and his wife, and who, for his interference, was turned upon by both of them and beaten almost to death. So we couldn't get him to open up the subject, though he proclaimed his sympathy with the thought and suggested this course as one of duty on the part of both colleges. The feeling between the two is better than ever before, and it is not impossible that union may soon be effected. Dr. Neumeister, of the Kansas City College placed Dr. J. F. Elliott of the University College in nomination for the presidency, a pleasant surprise to us all and an indication of good feeling between the two institutions. This meeting has done this much, anyway.

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Speaking of reports reminds me that Dr. B. F. Bailey of Nebraska gave us a good account of homeopathy in his State. Dr. Bailey is a member of the State Board of Health and an earnest and enthusiastic worker in all the schemes for the good of our school. He told us of our possession of the Norfolk asylum, and of the subsequent removal of the superintendent for good and sufficient cause, and told us that an effort is being made at this time to get the Governor to give us a new superintendent, so that we may have one of the asylums of that State. He thinks there is some prospect of success. He also told of the defeat of the examining-board bill in that State and the passage of a measure introduced by our school, requiring all licentiates to be graduates of four-year colleges. Here's a law that is sensible and that meets with approval in Missouri. Dr. Bailey read a most excellent paper on "Uterine Hemorrhage and its Treatment." He made a good many friends during his stay of two days.

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A pharmacal house got a black eye Tuesday afternoon. They issued an invitation to the Institute to attend a free lunch at their exhibit rooms and partake of claret punch and other delicacies. Objections were made on the grounds that such a procedure is always undignified, and that in this instance it is not to be tolerated as this firm had ordered their advertising out of all homeopathic journals, and had openly announced this fact in old-school journals. Dr. Northrup also objected to the Institute doing itself the indignity of accepting an invitation to a "punch lunch." This brought forth many expressions of approval, but

the invitation was unanimously turned down chiefly because of the attitude of this house toward the homeopathic journals. Perhaps it may teach them that we are not to be coddled with punch after our periodicals are publicly announced as unworthy of their patronage or any part thereof.

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The election aroused a good deal of interest. The politicians had slated the secretary for promotion. But this was Kansas City's year, and the secretary had moved to St. Louis since the last meeting. Eloquent speeches were made in placing Drs. Brady and Elliott in nomination, and the vote was close, Dr. Elliott winning out. Dr. Brady was honored by being elected secretary for another term, the remaining officers being as follows: Vice presidents, Drs. Edgerton and McElwee; provisional secretary, Dr. Willis D. Young; treasurer, Dr. Scott E. Parsons. The next meeting will be held in St. Louis, and it is not unlikely that Dr. Brady, if he lives there then, will at that time be honored with the presidency. He read a splendid paper on insanity this year, shows much thoughtfulness in his professional and secretarial work, and is believed to be the coming man for 1898.

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There were a good many ladies in attendance. Outsiders who participated in the sessions were the Drs. Parsons, Drs. Young, Richardson, Brady, Gibson, Comstock, and perhaps one or two more from St. Louis; Drs. Ravold and Hall, St. Joe; Dr. Winans, Mexico; Dr. Henry, Excelsior Springs; Dr. Riddle, Joplin; Dr. Worthen, Paoli; Dr. Dederich, Kansas City, Kan.; Dr. Martin, Maryville; Dr. Hetterton, and others too numerous to be recalled. Kansas City turned out well. At times there were nearly a hundred in the room, with a less number from outside the State than at any previous meeting in recent years.

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If our Governor Stephens could but have heard the praises which were accorded him for his courage in appointing Dr. Coombs superintendent of the Fulton Asylum, and for standing by his appointment against the most bitter and persistent opposition of the allopaths, he would doubtless have felt amply repaid for the insults and indignities which have been heaped upon him by the allopathic school. He knew what he was doing; had tried both systems, and found homeopathy the best; he had the courage of his convictions and the manhood to do the just thing and stick to it. Homeopathy in this State has received a great boost by his action. Look out for Missouri!

We are already after as many places on the State Board of Health as the allopaths, with the balance of power in the hands of the homeopathic lay members. It may be that we will consent to the allopaths having as many places as we get. This is our year. We shall be at least as good to them as they would be to us, under like circumstances.

A CONSTANT READER.

KANSAS CITY, April 24, 1897.

TWO NOTABLE INCIDENTS.

ASIDE from the customary reports to be made of the Ohio State Homeopathic Medical Society, or, for that matter, of any State or local society meeting, which usually takes the form of an annual address (by the doctor-president, thank you!), address of welcome, response by someone—generally the vice president—the opening and closing of bureaus with more or less creaking from ill conceived or badly delivered papers, and a cut-and-dried election, this annual meet. of the Society of the Ohio was resplendent among many other excellent things for one very notable happening which is worthy of imitation: namely, that feeling of peace and amity introduced early in the sessions by a few of the broader-minded and more evenly balanced members, and continued to the close of the last discussion. This took a splendid and memorable turn in the patching-up of the peace between two of the Institute's wheel-horse members; so that there no longer remain within the sound of the President's gavel any two members who cannot meet upon the level, and swap high-potency cures or laparotomy technique. We refer to the reconciliation between Drs. Beckwith and Biggar.

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Our readers will recall that, owing to some bitter personalities at the last annual meeting of the Ohio society, and, indeed, something of a like nature preceding that meeting, Dr. Biggar deemed it necessary to tender his resignation, which was accepted. This act was to be deplored because Dr. Biggar is an energetic man, a successful practitioner, and an established surgeon in Cleveland and in Ohio; one of the first and best known homeopaths in the State. It would be difficult to write the history of homeopathy in Ohio, nay, even of the United States, and leave out his name. That he has enemies, and bitter ones, too, goes without saying. But where lives the man strong of beliefs and purposes who has not one following of earnest friends, and another of enemies? Where lives the doctor who is not pursued by slanderous tongues, unfortunately not always or only of ex-patients, whom he has failed to cure, or from

whom he has persisted in collecting his bills—but the rather from the brother in the same profession and school, in the same block, or around the corner, or a resident of the same ward? Where is there a bright light with no corresponding deep shadow? But that is not to the immediate point. Dr. Biggar, whatever his personal habits and characteristic peculiarities, has been a strong and moving factor in the up-building and up-holding of Homeopathy in Ohio; and viewing the picture with whatever bias may be deemed best, it was a professional misfortune to carry the college quarrel into the arena of the State society, and there with pressure brought upon him in a most unjust way, cause him to resign from the society—a society with which, as with the many other homeopathic institutions, he had been long and prominently identified.

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When the Ohio society met at Akron on the 11th of May just past, several of the members, who are not mixed up in the Cleveland strife, and who had the good of the order at heart more than the success of the one or the other faction at Cleveland, quietly interviewed both parties to the Piqua unpleasantness, with the happy result that the promise was given that the stain of iniquitous partiality and injustice on the escutcheon of the State society would be wiped out. Dr. Beckwith, when reading his necrological report, stated that, owing to some misunderstanding last year, a serious difficulty had crept into the society, and that his department had been used as the cudgel for destroying the amity theretofore existing between a worthy member and the society. This he deeply deplored. Later on, again, he rose and moved that the *casus belli*—the expurgated remarks of Dr. Biggar in eulogy of Dr. Schneider—be reinstated and printed in the Transactions now forthcoming. Others, in the compact for peace, at once took up the question in parliamentary form, moving reconsiderations, and withdrawals, and so forth, President Hunt putting the questions rapidly without discussion, so that in a few minutes after Dr. Beckwith had shown the proper spirit, Dr. Biggar's resignation was withdrawn, he was reinstated to full membership in the society, and his former remarks ordered printed. The whole incident was as notable for its freedom from friction as it was pregnant with kindness and magnanimity. It was so splendidly conceived and achieved that neither party was made to feel any sense of humiliation.

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There was another and as notable an incident which preceded this one just related, and one, perhaps, which does not strictly belong in this

State society item, but still appertains to the same general category, namely, the satisfactory reconciliation of the two homeopathic colleges in Cleveland. As noiselessly as in the other instance the peacemakers met and pursued their task, succeeding ultimately in bringing the chiefs of the two colleges together, with the happy sequel of effecting and perfecting a union. The faculties heretofore existing in the two schools have been in great part retained and in the places formerly occupied; still the retention has proceeded not on the sole ground of former connection with the one or the other school; but absolutely upon fitness of the first order for the place to which this man or that woman was to be selected. The underlying feeling being to make the new CLEVELAND HOMEOPATHIC MEDICAL COLLEGE the best homeopathic college in the world! All the preliminaries have now been arranged, while the selection of the curriculum, and the adoption of a strong and up-to-date policy, are rapidly approaching completion. Twenty members of the former faculties met on Saturday evening, May 8, in the University building, and during several hours discussed the policy of the new school, appointing necessary committees, delegates, etc. Dr. W. A. Phillips was elected dean, Dr. G. J. Jones, vice-dean, and Dr. Charles C. True, registrar. Judge H. C. White had already been, before this date, elected president of the (amalgamated) Board of Trustees.

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Possibly we have kept the best wine to the close of this item. It seems so to us now. And that the other reconciliation was but another step in the same direction and almost a Logical Bias in Reconciliations. It is a memorable occasion—this making of the peace between two former and very formidable factions. It is not as if one or the other of the colleges had proven itself incompetent to carry on the college business; or as if one or the other was about to go under. Here were two strong colleges, graduating each March about the same number of students, each able in its own might and prowess to keep on with the college work, with good name and standing with the public and in the American Institute. But these two giants, at last, were caused to see that there no longer remained any good cause for living apart and making mouths at each other, on the fragile basis of an almost forgotten personal quarrel of two of its no longer interested members; therefore they came together, buried all grievances, sunk both colleges, cemented the peace, and gave birth to the CLEVELAND HOMEOPATHIC MEDICAL COLLEGE—with HOMEOPATHY once more in the *title* as well as on the boards.

We, therefore, in Cleveland, feel once more like men and brethren. We feel that we can again walk down the street, and bow without embarrassment to any man carrying a medical satchel, no longer fearful lest the carrier of that satchel belong to the *other* college. In going to State or Institute meetings we may no longer be assailed by the embarrassing questions: Which college do you belong to? And what are you fellows fighting about, anyway? The profession may now look forward with much hopefulness to a strong and well-knit homeopathic school; one in which every chair will be kept up to the last minute of the last hour of scientific progress. Everything will be done to merit greater confidence and still more abundant success. Instead of pulling apart there will now be a pulling together—a long pull, a strong pull, and a pull all together!

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It is, indeed, a proud moment for the AMERICAN HOMEOPATHIST to be able to write this article, thus giving evidence that its whole bent is not in the line of fault-finding nor in being sarcastic. We love peace. We have preached this union for years. We have tried in our private as well as in our editorial capacity to have these two separated schools see the impolicy of continuing arrayed in apparent battle front, when there no longer remained a scintilla of reason for such martial attitude. And while this peace has not proceeded from any recent effort of ours, those efforts most recently made had shown us, through the answers received, that the haven of peace was at work and that if a few of the later generation, and still more later acquisition, to the Cleveland profession could be won over, the ultimate and permanent burying of the quarrel could be brought about. And if the history of the amalgamation and the incidents leading up to it are ever published, it will be shown that those of the old faculties who had most to stand aside for, and to fight the amalgamation—that these were chiefly instrumental in bringing about the union. In short, it was a piece of magnanimity which but proves that blood is thicker than water; that however deeply the human heart may have been caused to suffer, time makes all things right; that humanity is intrinsically noble; that even if union cannot be brought about by first intention, still any other form of union, if it be healthy, is welcome. Every man and woman of the homeopathic profession in Cleveland is imbued with a mighty wish to build up the new school in perpetuity, and not ever again give way to individual quarrels or personal strifes! So mote it be!

THE LUDLAM ADDRESS.

THE Ohio Homeopathic Medical Society at its Akron meeting, just adjourned, set the pace for other of our medical societies and medical schools in calling upon a member of the medical profession to deliver an important address to its members. Dr. Ludlam gave an excellent address on the Logical Bias in Medicine, which was listened to with earnest attention and appreciation. He was greeted not alone by the members of the society, but many strangers assembled in the hall, with a large following of ladies. It would be difficult to describe the line of thought adopted by the speaker, but it was clearly a reproof of the tendency of some few people in our school, as well as in the other, to deny the existence of any good in the present day; and of those who are forever harking back to the olden times. The address will be published and become the property of the profession.

THE OHIO SOCIETY.

THE thirty-third annual session of this foremost society of the United States was held at Akron, May 11 and 12, with a very creditable attendance both as to numbers and importance. Dr. Maurice P. Hunt presided, while Dr. R. B. Carter kept the ball rolling as secretary. The president's annual address was delivered by President Hunt and elicited much applause. The address of welcome by the mayor of Akron was responded to by the vice president, Dr. Geohegan.

The bureau of registration, legislation, and statistics was very much in evidence, being well presented and drawing out a great deal of discussion. This was true also of gynecology; showing that both bureaus had been well groomed by their chairmen; while *materia medica* went almost by default, and obstetrics had but one paper. Surgery was not so bad. Clinical medicine was taken out of its regular course and placed at the tail of the session, so that many of us who were prepared to take part were cut off from so doing. It is never good policy to vary the prog'r'm. There are other interests to consider besides those of the bureau members. The election resulted in placing Dr. W. A. Geohegan in the presidential chair; Drs. Johnson and Hart were made vice presidents; Drs. R. B. Carter and T. T. Church were re-elected respectively secretary and treasurer, and Dr. Carpenter of Columbus, assistant secretary. Columbus was selected for the next session.

Walton had the usual short, incisive, witty paper in his bureau, that drew discussion.

Wood thought that the cure of hysterical pregnancy should be relegated to the therapeutic specialist who cures everything with medicines.

Much of the uplifting of the student and raising of the standard could well begin in our offices.—*House*.

A better preparation of the student in our office is worth more than an additional year at college.—*House*.

It was not only a homeopathic college which was first to adopt the three-years' standard but it was also an Ohio college.—*Baxter*.

Literary qualifications do not make the best medical timber.—*Parmalee*.

How to handle men and women is a far more potent factor in success than a literary degree from Harvard.—*Parmalee*.

If the medical profession ever loses its hold on the public, it will be because it is become a thing simply of authority and purely literary profession.—*Parmalee*.

The student must be first a good animal before he can expect to be a good man.—*Fahnestock*.

Every one of my students that I have sent to a medical school has been possessed either of a teacher's certificate or a high-school diploma.—*Gann*.

Only those who have given reasonable indication of ability for medical education should be admitted into the schools.—*Phillips*.

The doctor must have individual endowments before he can become successful, and these are not the gift of the school or the college. He is not always wisest who has gone to school the longest.—*Katherine Kurt*.

Forty-five years ago when I was graduated.—*D. H. Beckwith*.

It is not how a man commences but how he ends that marks his career.—*Geohegan*.

Other things equal, the man with the liberal education is the better of the two.—*Phillips*.

Is it true that one of the questions asked of applicants for license to practice in Ohio was: What are the functions of the fetus?

And why should the existence of *marital* relation between a man and his wife cease only during her later pregnant condition?

A man wanted me to do an abortion on his fifty-year-old wife. The wife came to me and wanted to be pregnant.—*Miller of Springfield*.

Our two bald-headed members of the Ohio State board of Registration.

How many of the visitors to their State society are second-day members—members who do not go home the first night?

Give *tarantula cubensis* to a patient with hysterical pregnancy.—*House*.

Make a tea of *baptisia* leaves, wash with part and drink the rest, to cure white swelling of the joints.—*Hart of Unity*.

What is the matter with that great, big Deetrick's voice?

Demosthenes *Parmalee* made the most effective speeches from the floor. Ever ready and eloquent.

Some of the papers were unconscionably long, were read too fast, and by no means well delivered.

Blessed is the man who can urinate.—*Waite*.

Quicker than a rapier thrust is Ludlam's repartee. He couldn't be caught napping, even by Beckwith and Walton.

The hotel accommodations could have been better.

Cincinnati did not turn out in great numbers. Probably saving its ducats to go to Buffalo.

Columbus and the penitentiary next.

A GOOD EXAMPLE.

DR. ALLISON A. CLOKEY of Louisville, Chairman of the section in Pedology of the American Institute of Homeopathy, has issued his little programme as appears below. Dr. Clokey has met with commendable promptness the great need of the Institute for shorter Sections and shorter papers. He has also chosen but one topic for his Section, to wit, "Rheumatic Diathesis," to which all members of his section contribute, and to each such contribution there is an "opening discussion." The paper and opening discussion, as well as all other discussions of this Section, are limited in time, and the Chairman promises that there will be no spread-eagle speeches or crowding of members out of an opportunity to speak a few words to the point.

RHEUMATIC DIATHESIS.

"Etiology," A. P. Hanchett, M. D., Council Bluffs, Iowa.

Opening Discussion, L. C. McElwee, M. D., St. Louis, Missouri.

"Pathology," Wm. H. Bigler, M. D., Philadelphia, Pennsylvania.

Opening Discussion, Jos. P. Cobb, M. D., Chicago, Illinois.

"Urinology," Clifford Mitchell, M. D., Chicago, Illinois.

Opening Discussion, Geo. M. Dillow, M. D., New York.

"Symptomatology," Phœbe J. B. Wait, M. D., New York.

Opening Discussion, Henry R. Stout, M. D., Jacksonville, Florida.

"Treatment," S. R. Geiser, M. D., Cincinnati, Ohio.

Opening Discussion, C. D. Crank, M. D., Cincinnati, Ohio.

THE BLOOD.

IT is one of the most brilliant and by far the most practical of all the demonstrations of modern biology, that the principle we call health or vitality is not only seated in the blood, but also that it is an impregnable citadel, carrying an armament against which the assaults of disease are impotent. Can perfect blood be borrowed? On certain occasions vital, if not perfect blood has been borrowed for the dying by transfusion, and they have been saved; this was only to supply deficiency in the quantity: but it was not known then, as it is now, that blood of a superior quality, if borrowed and introduced into a weak and debilitated patient, would antagonize and expel disease from either tissue, organs, or enervated functions.

It has been proven that blood can be taken from a vigorous animal and supplied to our necessity either by subcutaneous injection, by direct absorption through the stomach, or by topical application to an exposed tissue. Dr. Brakenridge of Edinburgh found that the vital cells of injected blood revitalized and enlarged the debilitated cells of the patient, and excited an immediate proliferation of new cells. How to get such blood and make its vitality practical was accidentally discovered by Dr. W. H. May of New York, in 1888. Having an incurable ulcer to heal, and having been baffled in all other forms of treatment, he tried the venture-some experiment of injecting around the ulcer a preparation of raw ox-blood which had been up to that time known as a valuable invalid food only—"Bovine." He was agreeably astonished to find the ulcer healing rapidly until an absolute victory was won. Dr. T. J. Biggs, an assistant surgeon in the New York Polyclinic, seized upon this accidental discovery and developed new methods and applications until he brought about some of the marvelous therapeutic efficacy now so well known. This consisted in a direct application of the raw ox blood to the denuded tissue.

This calls up the query whether blood can be taken from a superior vital animal and kept

alive in some medium for future use. But this has been proven time and time again by the use of the microscope. Any physician can satisfy himself of the perfect condition of the preserved corpuscles by simply spreading a drop of Bovine on a microscope slide and examining it with a power of eight hundred diameters or upward; he will instantly recognize the same dense crowd of shifting, changing, double-concave, smoothly rounded, yellowish red disks, that are described in treatises on the vital fluid in its vital state. The other and possibly the best test of the efficacy of this method of applying blood to a surface and having it absorbed and produce healthy tissue is in its practical clinical application. When fairly tried by a competent physician, in cases where the proper technique has been developed, it will settle the question beyond the possibility of a mistake.

This editor had a case of carcinomatous breast in a woman of forty. Both breasts had been removed, but the wound on one of the sites refused to heal under all the modern powders and other applications. As he had always been a friend of Bovine, and had given it internally for many months in this case, when he found in one of his exchanges a reference to the method advocated by Dr. Biggs of applying the Bovine direct to a broken surface, he made the application and has the proud satisfaction of knowing that the wound is completely healed. This has since proven true of other ulcers.

"CARE OF THE INSANE IN PRIVATE PRACTICE."

UNDER this caption the *Journal of the American Medical Association* gives space to a well-written paper by Dr. Henry W. Coe of Portland, Ore., originally presented to and read before the Portland Medical Society in December of last year. Dr. Coe quotes a plentiful number of means used in the proper treatment of the insane, quoting from the most eminent alienists of the world, making his paper an interesting and instructive one. He treats the comparative cost of public and private care; he draws a rather disadvantageous comparison as between the penitentiaries and insane institutions. He is a pronounced advocate for private care of such persons and by physicians who have made a study of mental alienation in some institution for this species of poor humanity. One cannot but heed and appreciate his admonition all the way through his long article to the physician and to law courts, to think twice and even a long third time before committing a person for the first time to an insane asylum; the stigma which rests thereafter upon that person is ineradicable.

In treating of the causes of insanity, among others he says: "There is no more prolific source of insanity than auto-infection, and to meet this condition, Bouchard calls attention to the necessity of a carefully selected diet and the free operation of all the emunctories. Salines he especially recommends, and I can testify as to their value. Intestinal antiseptics should be a feature in nearly every case, and the agent employed for this purpose should be such as shall not interfere with normal digestion and yet be powerful enough to destroy the micro-organisms which are doing the mischief and to neutralize the ptomaines already present in the tract. My own experience accords with that of Dr. John Aulde and Dr. G. M. Blech, that hydrogen dioxid is a most satisfactory agent for intestinal disinfection. Dr. Aulde uses a three per cent, and Dr. Blech a two per cent. solution of hydrozone in water, from 2 to 8 ounces of this mixture being employed a half hour before meals. I have made use of this method with pleasant results, and in cases where there has been much gastric fermentation I have employed an additional ozonized solution, glycozone, a teaspoonful immediately following meals. The glycerine, which is the menstruum in this latter solution, acts as a mild stimulant to the intestinal glands; thereby accelerating the excretory functions of the tract. I have wondered if a little of the good effects from the use of a powerful static machine, which I have noticed in several cases of mental trouble in my practice, has not been due to the general effect from the inhalation of liberal quantities of ozone from the atmosphere in which the patient has been enveloped during the use of the breeze. Dr. Riggs and many other writers are enthusiastic over the use of the static current in the treatment of insanity. Dr. Gray believes that the ozone from the static breeze accounts for much of its benefits in hysteria, and why not also in insanity?"

ANNUAL ADDRESSES.

The literary societies of Central College at Fayette, Mo., are in a quandary as to whom they will secure to deliver the annual address during commencement in June. Several months ago the Aristoleon society, whose time it is to select a June speaker, invited ex-Senator John J. Ingalls of Kansas to deliver the address, and the distinguished gentleman accepted, but since he took so prominent a part in the Corbett-Fitzsimmons prize fight, the board of curators and faculty of Central College have entered a protest against the Kansas statesman, and the young men are at sea, and commencement day draws nigh.—*Cleveland Leader*.

LET these at sea young men take heart of grace. Although J. Jingo Ingalls is no longer available, and there is apparently no one in the literary society of this quoted college

competent to fulfill this function, there is no need for discouragement. Let them send to St. Louis, or Chicago, or Cleveland, or Louisville, and import the homeopathic medical college custom of subletting the annual commencement, as well as all other principal medical addresses, to the nearest preacher of the gospel. Then the business will go off pat. See?

Globules.

Dr. Charles Spencer Kinney of Albany, N. Y., has been appointed, under civil service rules, to be First Assistant Physician at the Middletown (N. Y.) State Homeopathic Hospital.

The Cleveland Homeopathic Society continues to hold its regular fortnightly meetings in the Chamber of Commerce rooms. On May 15 Dr. W. E. Trego gave a paper on Cerebral Hemorrhage.

The publishers of the AMERICAN HOMEOPATHIST have in press and will soon issue a directory of homeopathic physicians, including names, addresses, date, and college of graduation. This book is sold for \$3. But subscribers to this journal, or the *Journal of Obstetrics*, or *Journal of O. O. and L.*, will receive the Directory FREE. Make early application.

E. M. Hale, M. D., 65 Twenty-second Street, Chicago, is engaged in writing a complete monograph on the Therapeutics of Saw Palmetto. It will contain new provings and clinical reports and will appear in October.

He would be glad to receive before that date any contribution, for which due credit will be given.

The facilities for obtaining a medical education offered by the New York Homeopathic College cannot be excelled by any similar institution here or abroad. The numerous medical institutions, many of them under homeopathic auspices, afford great clinical advantages, and students will find many and increased opportunities for successful study. The practical management, of which Dr. Dearborn is the secretary, avail themselves of every opportunity to make this college of the highest standard and representative of the greatest city of the land.

The American Homeopathist.

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



GEORGE F. SHEARS, M. D.,
Chicago, Ill.

MORALIZING DOCTORS.

AN Ohio doctor, with A. B. attachment, who also parts his name in the middle, writes a sermonizing paper in the *Medical Brief*, on "The Doctor and His Morals." The *Brief* must have been "shy" on copy when it permitted this preachment to go into its pages. Still we cannot but admire the supreme satisfaction, of a duty well done, of this preacher-doctor who airs his former immorality—like unto those Michigan stool-pigeons of the Seminal-Weakness

and Lost-Manhood quacks; for he, this A. B. party, notwithstanding his superior educational advantages as evidenced by his literary title, plainly intimates he has been one of the "boys"; but having had his fill, now anxiously takes his pen in hand to save the remainder of the profession from "enjoying the same blessings." If this man had been sincere in his humility, and repentance, and wish to save the sinful medical profession from eternal hell-fire, he could have gained a good deal more support to his clerical views had he been less careful to advertise his name and residence as well as his former depravity. It looks like a clever advertising ruse, and for which the *Brief* has been perhaps well paid. The sermon, itself, contains nothing new. It is the same old threshed-out straw—the usual exhortation in diarrhetic English of the traveling preacher-man. The reading of it, however, causes one to wonder whether the A. B. doctor reformed because he was no longer able to keep it up, or why; and what is his present rank in the Salvation Army—with no offense to the Salvation Army; or is he, the owner of this middle-parted name, drumming for a larger segment of the village church practice?

WE deny that a doctor cannot be a pure man and an upright citizen unless he has religion—that is, church religion; indeed, if put to the torture, or trial by hot plowshares, we could be made to say that much that goes for church religion is, among honorable men and women, considered a very, very dubious indication of purity in its possessor. For goodness' sake let us have done with the other professions! Let each attend to his own business! Besides, isn't there enough of foulness at our own doorstep without forever trying to do the work also of the minister, and the lawyer, the tailor, the baker, and the candlestick maker? We firmly believe the medical profession, taken "near and by," is the equal, in morals and integrity, of any of the others; and we could mention, in confidence of course, some professions, wearing good clothes and pointed, well-polished

shoes, than which the "sinful" medical profession is many furlongs far in advance.

* * *

"[F you had but one hour to live"—is one of the heart-to-heart arguments of this Sir Sunday School leech,—“would you talk that way?”—namely, that it is NOT the doctor's business to save a soul, but that the doctor's sole business is to attend to his doctor's business—the curing of the material ails and ills of the world, and letting the ministers of the Gospel save the immaterial part; in other words, that it is totally out of place for a doctor to convert souls to God, except by his example of uprightness and unswerving, unselfish devotion to duty! But suppose a doctor had but one hour more to live on earth; if he had been one of these “bad” doctors, with or without the A. B. title of intelligence, and of whom—these “bad” people—the medical profession is apparently so well stocked,—wouldn't he make a sorry “fist” at unkinking his long life of misdeeds, in that one hour? The overwhelming probabilities are, thank God! Amen! that he would die with his boots on—dishing out, to the uttermost limits of the vibrations of Gabriel's horn, aconite or zincum, or advising a new and still more brilliant technique for curetting the thoracic duct, or ligating the pons asinorum. Granting, however, that even a “sinful” doctor could be frightened into repeating reverently (as he always does) the Lord's Prayer, or telling his beads a number of times during that fleeting hour, he certainly wouldn't be any the more fit to enter into the kingdom of heaven thereafter—to associate with this A. B. doctor and his class—than he would have been had he continued unregenerate; that is, continued to be just a good medical doctor, persisting in his wayward, midnight-riding, pain-stilling, body-healing, but church-faith-eschewing practice of medicine.

* * *

[F we were given to the quoting of Scripture (an exercise, we are assured, very much affected by that unmentionable party in the scarlet chemiloons, cut long and spiked in both socks and tail), we would say that “Charity begins at Home.” Just at what point in Exodus or Deuteronomy this verse may be found, we cannot now say. Perhaps in neither. But the application is patent, in addition to its topical application, that the doctor shouldn't go about decrying his profession. A good way to “raise the standard” of the medical profession with whom this A. B. man must come in more or less contaminating contact, is to raise it—and raise it high! And you cannot do that by quoting wearisome homiletics, preaching don't-wipe-your-nose-on-your-sleeve sermons, or appealing to lurid eleventh-hour repentances, and ante-

mortuary testimonies! This Bachelor of Arts, with the median laparotomy in his name, should either return to his former profession—the right honorable one of the ministry, or else attend to his knitting—as a physician.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Strophanthus.—Dr. Reynold W. Wilcox³⁴ has made a careful clinical study of the physiological action of the tincture of strophanthus. Its field of action is especially upon cardiac muscular fiber, giving an energetic cardiac systole, and secondarily a slower pulse-rate. There is little change in the caliber of the blood vessels. The increased blood tension causes a diuretic action clinically; within an hour the pulse is visibly strengthened, and irregularities and inequalities are almost always overcome. The advantages over digitalis are summed up as: (1) greater rapidity, modifying pulse-rate within an hour; (2) absence of vasoconstrictor effects; (3) greater diuretic power; (4) no disturbance of digestion; (5) absence of cumulation; (6) greater value in children; and (7) greater safety in the aged. Dr. Wilcox used the strophanthus hispidus, variety Kombé.

Calcareo Carb.—IN CONGENITAL DEFICIENCY OF PARIETAL BONES.—Dr. Ord³⁵ reports the birth of a child who presented large circular softish swellings, one over the center of each parietal bone. The tumors, which did not fluctuate, projected a half inch beyond the contour of the skull, and were surrounded by a hard, irregular ring of bone with everted edges. The posterior fontanel was wanting, the anterior very large. The condition was evidently an absence of the osseous center in each bone. For the first month the tumors increased, the head elongated, and grave cerebral symptoms supervened.

The child went suddenly into a comatose condition several times a day for three days, afterward less frequently. These attacks were characterized by pallor, blueness of lips, a peculiar sinking in of the eyeballs with dilated

pupils, almost imperceptible breathing and pulse. These seizures would last for five to ten minutes, when, with a deep sigh, consciousness would suddenly return. The circumference of the skull at this time, a month after birth, from the chin and over the tumors was $17\frac{3}{4}$ inches. The child was bottle-fed on cow's milk and barley-water, and gained in flesh and weight. Brandy, in drop doses, was given during the fits with evident benefit. The remedies tried were first apis, then helleborus; neither had any effect.

Five weeks after birth, the head continuing to enlarge, it was decided to try calc. carb. 6x gr. iij, t. d. s. Within a week there were signs of improvement. In a fortnight bony flakes could be felt in the membrane covering the tumors, which had perceptibly decreased in size. The comatose attacks were less frequent and prolonged, the child was more vigorous. Bone now was rapidly deposited over the swellings, and in a month after beginning calc. carb. the smaller tumor was completely covered by a thin plate of bone, and the larger tumor also, except a small area in the center. The head had improved in shape, and although not smaller, the child had grown more in proportion to it. At three months Benger's food was given, and there were no more cerebral attacks. The tumors had almost vanished, except for a slight fullness of the skull over their former site, which was firmly covered with bone; the anterior fontanel had much diminished in area.

The child is now eighteen months old, exceptionally bright and intelligent. The anterior fontanel closed at twelve months; the head, although large, presents no trace of its former abnormality, and is of good contour.

Verbasum IN MEGRIM.—Dr. Mueller⁹.—This remedy seems to correspond in general less to megrim than to certain kinds of face-ache; to these it corresponds quite specifically. And yet it is by means of verbasum that I succeeded in radically curing my second case of megrim. A lady, fifty years old, had been suffering for about twenty years from megrim, of which she had an unusually violent attack every two to four weeks. Belladonna, nux vomica, seemed, indeed, to produce a temporary alleviation, but they had neither removed nor rendered milder the ailment to any great degree. Verbas-

cum, when first used during an attack, produced at once an essential alleviation and shortening, and after a few months it produced a total cure, so that, even after manifest exciting causes, which formerly had always caused an attack, there was only noticed, on rising in the morning, a trace of slight dullness in the head which soon passed away. The symptoms which led me to verbasum consisted especially in the simultaneous affection of the ear on the same side. When the headache, consisting mainly of a pressure and pinching in the temporal bone and the zygoma, was at its highest point there was an intolerable drawing into the ear, with sensation as if there was something before the ear. This sensation was also especially increased by moving the jaw and by chewing. The patient was, indeed, already in the years in which megrim frequently of itself decreases or even disappears entirely, but the symptoms were much too characteristic for verbasum, and the recovery too rapid and too strikingly coincident with the use of the remedy, to allow me to doubt that the cure was actually effected by the medicine.

Magnesia Phos. IN OTITIS MEDIA.—Dr. J. M. Selfridge²¹ narrates the case of Miss W., who was taken, about the middle of last January, with a feeling of fullness in the left ear, which was soon followed by severe paroxysmal pain, shooting like lightning deep into the ear, accompanied with much soreness when an attempt was made to lift the pinna, or when pressing under it, or between it and the mastoid process. Inflating the ear through the eustachian tube caused maddening pain; temperature, 103° . The speculum showed injection of the tympanum, but no inflammation of the external ear. The pains were aggravated by cold and relieved by the application of warm water into the ear, and, also, by dry heat externally.

Diagnosis.—Otitis media acuta. I concluded to treat the case as nearly in accordance with the law of similars as I knew how.

The pains, shooting like lightning and relieved by warmth, are so characteristic of magnesia phos. that I gave it in the 200th potency, one dose dry on the tongue, and allowed the action to continue until the next

day. My next visit found my patient smiling, with no pain and very little fever, but the soreness of the ear, although much less, still remained. The dose was not repeated. On my next visit, I found the patient had been up and around the room during the night, and as a result the pain had returned with characteristic violence. Magnesia phos. was again prescribed, one dose dry on the tongue. The relief was prompt. Once or twice during the following week the single dose was repeated, by which time the soreness, pain, and inflammation had entirely subsided. Four days after the first attack there was a slight discharge of pus into the throat, having a foul taste, but it did not recur.

Bryonia IN GASTRIC NEURITIS.—Dr. Mac-kechnie¹⁷ treated John R., æt. fifteen years, a bookbinder. He complains of a colicky pain at umbilicus, with a sense of pressure. It occurs some time after meals when the stomach is empty, and when he wants food. It is worse in the evening. Bowels are costive. Other functions healthy. Ordered bryonia *ix*, *ter die*. In a fortnight patient reported the pains gone and bowels regular. He remained well for five months, then returned with the same pain, only more severe, lasting all day and occurring every day. Bowels costive, very large hard stools every two or three days. The pain is rather below the navel, and still worse when he wants food. Ordered bryonia *ix*. The pains gradually ceased, bowels resumed a regular habit, and in three weeks he was well.

Bullous Dermatitis FROM QUININE.—J. C. Johnston¹⁸ records the case of a man, aged thirty-seven years, who had before experienced two attacks of quinine dermatitis from taking two 2-grain quinine pills. Two 15-drop doses of compound tincture of cinchona caused the present outbreak. Two days after the ingestion there was intolerable itching, and soon vesiculation on the genitalia, face, and ears, and the whole general surface of the body rapidly became the seat of a scarlatinoid dermatitis. As this began to decline, the palms and soles became affected with blebs, some of which were large in the first outbreak, as much as eight ounces of serum being evacuated. The blebs recurred, and it was five or six weeks before recovery was complete, the palms being the last to recover.

The chief points of interest are the variety of the bullous manifestations from quinine, and the great disproportion between the violence of the cutaneous outbreak and the small amount of the drug ingested.

Cratægus IN ANGINA PECTORIS.—Thomas C. Duncan⁹ says: Mrs. A., a printer, came to me complaining of some pain in the side as if it would take her life. She did not have it all the time, only at times, usually the last of the week, when tired. I prescribed bryonia, then belladonna, without prompt relief. One Saturday she came with a severe attack, locating the pain with her right hand above and to the left of the stomach. The pulse was strong and forcible. On careful examination I found the heart-beat below the normal, indicating hypertrophy. I examined the spine, and to the left of the vertebra about two inches, I found a very tender spot (spinal hyperæmia). She told me that when a girl she had several attacks, and that her own family physician (Dr. Patchen) gave her a remedy that relieved her at once. She had tried several physicians, among them an allopath, who gave hypodermic injections of morphia, without relief. Hot applications sometimes relieved.

I now recognized that I had a case of angina pectoris, and that her early attacks were due, I thought, to carrying her heavy brother. Now the attacks come when she becomes tired holding her composing stick; at the same time she became very much flurried, so much so that she had to stop work because she was so confused. I now gave her a prescription for cactus, but told her I would like to try first a new remedy, giving her *cratægus*, saturating some disks with the tincture (B. & T.). I directed her to take two disks every hour until relieved, and then less often. If not relieved, to take the cactus.

She returned in a week reporting that she was relieved after the first dose of *cratægus*. More, that hurried, flurried feeling had not troubled her this week. Her face has a parchment skin, and the expression of anxiety so significant of heart disease was certainly relieved. I have not seen her since.

In my proving of this drug it produced a flurried feeling due, I thought, to the rapid action of the stimulated heart. One prover, a nervous lady medical student, gives to-day in

her report "a feeling of quiet and calmness, mentally." This is a secondary effect, for it was preceded by "an unusual rush of blood to the head with a confused feeling."

Baryta Carb. IN INTERMITTENT FEVER.—Dr. A. W. K. Choudbury⁹ urges the value of this drug in suitable cases of intermittent fever, and the publication of results. He sums up from his experience, with particular reference to fifteen cases described in detail, the following conclusions:

Bar. c. fever is generally a thirstless fever; no thirst in chill, no thirst in heat, and no thirst in sweat. It may have slight thirst in some cases in chill, and, in other cases, in heat, but never in sweat. Horripilation in chill is a constant quantity. In very few cases I have seen thirst in apyrexia.

In prodrome I have seen stretching and yawning (not mentioned by H. C. Allen), so much that I have no objection to call them another constant part of the fever. Of the above-described fifteen cases, yawning and stretching have been found in ten.

Burning of the eyes has also been found in few cases in prodrome.

Thirteen of the fifteen described cases are of the quotidian type and the remaining two of the tertian. These are the two types mentioned by H. C. Allen, but bar. c. does not fail to prove curative in the quartan type, if other symptoms indicate it, as I found in one of my relations who was ill with intermittent fever of the quartan type. A dose of bar. c., as I usually use, sufficed to cure her.

The dose of the medicine. I use bar. c. 3d trituration. I do not remember what led me to use the above trituration, and that in about a grain dose. I see nothing to create in me dissatisfaction on the result of using the above trituration. I have not tried bar. c. in intermittent fevers with any other potency of the carbonate. This use of bar. c. in the low potency, with such sure cure as the result, stands in the way of those distinguished homeopaths who so very loudly praised the high potencies in the treatment of intermittent fevers. It would not be out of place to remark that I have used higher dilutions of other medicines in treating intermittent fevers with no less satisfactory result.

HEMICRANIA AND NEURASTHENIA.*

By GILES F. GOLDSBROUGH, M. D., London, England.

THERE are six or eight clearly indicated homeopathic remedies in cases of hemicrania, from which a selection might be made as a standard remedy, and a number of others which, according to special conditions requiring separate attention, may be useful from time to time. Foremost among standard remedies is iris versicolor. This medicine is of special value when the attacks recur at regular intervals, and particularly at intervals of a week. In some cases the attacks recur with unfailing regularity on a Sunday, and here iris is the remedy before all others. The writer has verified this indication with complete success in several instances. As to the reason why the attacks recur on the Sunday it is difficult to speak positively, but most probably some interruption of routine on the Saturday, and lying too long in bed on Sunday morning, may account for it. Additional indications for iris are a violence and acuteness of the pain, the right side for its seat, and severe vomiting as an accompaniment. The dilutions 3 c. to 12 c. will probably serve better than lower ones, and the medicine should be given regularly in two or three intervals before a change is made.

Chelidonium majus, in the writer's experience, stands next in order to iris, and, saving the regularity of attack and the occurrence of severe vomiting, the indications for it are not very different. Chelidonium seems to have a special affinity for the right temple and orbit. Dilutions 3 to 12, as with iris, have served very well. Kali bichromicum is indicated when the left side is affected, a much rarer contingency than that of the right. The remedy acts well, and, together with the adoption of the rules above mentioned, in the writer's hands it effectually prevented the recurrence of any attack, after administration once in a case where the man's business had previously been continually interrupted by them. The sixth dilution was administered in that case. Other remedies are belladonna, nux vomica, and veratrum album, which perhaps are adapted to either side and must be chosen according to their peculiar indications in each case. Byronia is not often indicated in true hemicrania, but the

* Published also in the *Monthly Homeopathic Review*.

following case, which strongly simulated it, although without a crisis, illustrates the value of this remedy, and shows that, faulty digestion being the exciting cause, it may prove of excellent service.

Mr. H., age fifty-eight, a lecturer at a Polytechnic Institute, applied for treatment on April 11, 1893. He is of a nervous, anxious temperament, but very careful in eating and drinking, and does not complain of any symptoms of dyspepsia. He states that he suffers from paroxysmal headache at irregular intervals, the pain being seated on the left side of the occiput, accompanied with nausea and occasionally vertigo, the attack often lasting three days. While the attack lasts the pain is always worse after eating, and especially after eating meat. Health is otherwise good, but the attacks greatly interfere with business. The reason for the choice of bryonia 3 is not recorded, but the result was as follows:

June 3. No real attack of headache since taking medicine; some slight threatenings. General health very good.

February 10, 1894. Quite well until recently, when some return of similar headache. Repeat.

On two or three occasions since—the last being this year—the patient has returned with a similar report, always with a similar prompt result.

NEURASTHENIA.

An Aurum Case.—The following case illustrates in a marked degree the value of aurum in cases of neurasthenia in men. The return of the patient this year has prompted the record of his case.

S. B., age forty, married, commercial traveler, applied for treatment on May 4, 1895. For nearly a year he has lost sexual power, and has become very feeble. He is very depressed; business worries him because he cannot accomplish it, owing to weariness and lassitude which ensue directly he attempts to walk. He had vertigo when first attacked, but never headache. He is temperate in his habits. Has had gonorrhea, but not syphilis, or any other serious illness. Father died in action; mother is living. One brother died of paralysis at forty-two.

Patient's appearance and attitude are abject. He is of medium height, of a heavy countenance

and a doleful voice. He does not appear to have any actual motor loss, and he can stand and walk well with his eyes shut. The special senses are normal, and patella reflexes intact. There is some chronic nasal catarrh. Appetite poor, nausea, bad taste in mouth. Bowels regular. Urine normal. Lungs, heart, and liver normal. Some abdominal flatus.

Aurum 4x gr. j, at night; bry. 4x gtt. ij, in the morning, were ordered.

On May 12 he is reported as improving every way.

May 23. His aspect is quite altered. Countenance bright, has confidence in himself, and is able to do as much walking as needful. Appetite better. Nasal catarrh unaltered. Substitute hepar 3d for bryonia.

On June 4 he is reported as still having some catarrh, but otherwise well.

The patient returned on March 16 of present year, saying he had become depressed again, and was afraid of losing strength as before, which loss indeed had already begun. Aurum met. 4x, night and morning, was ordered. On March 23 he returned saying that he was quite well, the medicine having acted upon him instantly.

WERE THESE CASES HYDROPHOBIC?

By J. W. C.

CASE I. Boy about fourteen, robust, apparently in good health. Bitten on right leg below hip, three years before, during haymaking, by a large good-natured Newfoundland dog, his constant playmate. The dog sprang suddenly on him, inflicting a severe wound, which healed readily, leaving a considerable scar. The dog was killed at once; there was no obtainable history of rabies. Three or four weeks before I saw the boy he began to be very nervous, working with feverish energy at whatever he might be doing—for the last week up to the attack appeared quite well, but complained of some soreness in the scar and leg.

At my arrival, about 6 p. m., he was lying on a bed, dressed, appearing as well as possible. He soon began to pant (the peculiar sound he made cannot be described any other way), complaining of the heat. I found pulse normal, but the muscles were twitching convulsively all

over him—there was no fever. Gelsemium s.v. $\frac{1}{2}$, 15 drops in a tumbler of water; veratrum v. $\frac{1}{2}$, the same, given alternately, a teaspoonful every half hour—when I offered him the first teaspoonful he hesitated a little; when taking it, his teeth closed on the spoon with a snap like a steel trap; shortly after I noticed his sister, a large, stout girl, holding his hands—asking why, she said he was constantly trying to bite himself.

I was told these spells had lasted three and six hours, each time; increasing in severity with diminishing intervals. This spell, or fit, lasted three hours, with three hours' interval; then one of about one hour; after which there were no more. Continued gels. s. v., and verat. v. twenty-four hours, with increasing interval between doses; followed these with a few doses of bell. 1x, followed by nux. 1x, one dose a day for a week. He is now twenty-seven years old, as hale and hearty as could be wished.

CASE II. Healthy girl, twelve years old, large for her age; nine days previous, taking a kitten from its mother, was bitten by the cat through the right fore finger, at the base of the nail. Found her a raving maniac, believing everyone was going to kill her who approached. The finger, which had healed, was inflamed with red streak up the arm, and swelling of gland under the arm; she had some fever, had been in this condition about eight hours; screaming, cowering, and shivering when anyone came near her. Gave gels. s.v., and verat. v.; as in Case I., had considerable trouble to give the first dose, after the third dose she went to sleep, slept about seven hours, woke rational, but weak—continued medicines a few hours. Followed them with nux. 1x, A. M., sul. 1x, P. M., one week, as there was complaint of constipation. This patient died of tuberculosis two years ago, aged eighteen.

CASE III. Boy, seven years old, health good, bitten at base of right thumb, nine days before, by a little dog. They were playing together and the bite was supposed to be accidental, sore healed promptly. When called, found him very feverish, flushed face, bloodshot eyes, muttering delirium, complaining of cold, very restless, hand inflamed, inflammation extending up the arm, gland in armpit badly swollen.

Gels. s.v., and verat. v. given, as in other two

cases; fever and delirium controlled by three or four doses. Gland continued sore, suppurated, broke third day, discharged offensive pus. Gave nux. 1x, sul. 1x, morning and night four days.

Recovered entirely in a few days, is now well, six months after.

THE TESTIMONIAL-WRITERS' DISEASE.

THE current *Puck* contains a frontispiece cartoon of a minister-of-the-gospel engaged in writing testimonials for various things, impliedly calling attention to the fact that this soft-hearted and soft-brained individual is willing to help out most any old thing that comes along and sends him a sample copy or a few bottles to try. The satire is well put and well deserved. No other occupation or profession has suffered more from clerical indorsements of quack things than the medical. This alone would be and is almost bad enough. But when there is added to this measure of odium that other and larger mass of ingratitude, then the scale kicks the beam—the wine-cup runs over. What do we mean? Why, this, so please you: that the cloth has been medicined gratuitously by the medical profession—he and his family—from time almost immemorial; and yet the doctor has always had to pay the royalty price for a pew in the church, there has been no reduction of the established prices to have himself married, or his children christened, or himself or any member of his family buried with the accompaniment of a cut-and-dried and many times used-over funeral eulogy. We have no natural enmity to the clergy, notwithstanding our frequent sallies upon them. Anyone who reads our editorials carefully will note that we object *only* but decidedly to their interfering in medical matters, to the proposed exclusion of medical men in their own affairs; that we now, as always formerly, object to their inconsideration for favors done them by the medical guild. We would as quickly and sharply attack the legal fraternity, or the Knights of Labor, or the Sons of America, if they dared trespass on our grass! Medicine for medical men! Now let *Puck* take one more daring stride and cartoon a few of these ex-mayors, ex-statesmen, and ex-broken-down dys-

peptics, guzzlers of "cold tea," eaters of hot saleratus biscuits, swillers of whisky and patented medicines, who are rapidly becoming famous (?) in the Saturday morning papers, in the eloquent recounting of their Providence-of-God cures, accompanied by a half-column woodcut of their enlightened and unblushing visages. Then *Puck* may return to the more popular occupation of caricaturing the Tariff bill, or Parkhurst's attack on Tammany.

DIED.

SUDDENLY, unregenerate, without evidence of regret or benefit of clergy, on or about the first day of May, A. D., 1897, after several years of vigorous life, leaving a long line of reputable and established *alumnæ*—there departed this life, the well-known twins, the Cleveland University of Medicine and Surgery and the Cleveland Medical College, being the latest but not simultaneous progeny of the mother of homeopathic colleges, the old and only original Homeopathic Hospital College of Cleveland. The taking-off, though in a measure precipitate, was not so sudden as it had long been prayed for; a remarkable tenacity of life and purpose being evidenced when the long longed-for-dissolution seemed most imminent. No interment. No tears. No flowers. No complaint. R. S. V. P.

A TRIBUTE OF AFFECTION.*

Some knew 'em but to d— 'em
 Few ever loved their strife,
 But since they've gave up
 Let us quaff the Loving Cup
 And bury forever the knife.

—A FRIEND.

BORN.

ON or about the same date and hour above chronicled there was born into this sinful vale at Cleveland, O., without the mediate or immediate co-operation of the clergyman in the next block, the CLEVELAND HOMEOPATHIC MEDICAL COLLEGE, with a long list of first-class teachers and lovers of good homeopathy and

* Not by Walton.

peace. Mother dead. Child, female, but otherwise unmarked, strong and healthy. Think the "old man" will pull through. No silver mugs. Everything golden. Prefer students. Everybody satisfied. Ready for business now! At both of the former stands. Twang the cymbals! Punch the lyre! Let the welkin ring—if she wants to. Who's afraid? Amen!

HOMEOPATHY (LIMITED).

I GAVE her $\frac{1}{8}$ gr. pilocarpine hypodermically, one dose of tincture digitalis (about six minims), and half-ounce doses of whisky. I also gave her several doses of apis, the third decimal dilution. I thought she had made some improvement, though not very great, when at the end of an hour I left her in the hands of her own physician, who had arrived and had co-operated with me during the last part of my stay with her. She continued under his treatment, which doubtless was without regard for homeopathy, for he is not a homeopath. Later, I learned that she had entirely recovered.—*Medical Visitor*.

If we did not know the author of the paper from which this extract is made to be an ex-professor of homeopathic materia medica, we could easily believe the whole item a huge joke. Think of giving $\frac{1}{8}$ gr. pilocarpine hypodermically [hypodermatically?], one dose of tincture of digitalis (about six minims), several half-ounce doses of whisky, ALSO several doses of the third decimal dilution of apis, and calling *that* homeopathy! Is the *Medical Visitor* man absent from home?

SOLD BOGUS MEDICINE.

THUS captioned, an item in a morning paper of a recent date reports the officials of the Ohio State Dairy and Food Department having discovered that a certain "sarsaparilla," extensively advertised and sold in Ohio, is made up almost wholly of water, selling for \$1 a bottle, and of which the cork is the most valuable part. The agents for this harmless but nevertheless fraudulent preparation are now being driven from the State, etc., etc.

Our comment upon this bit of news is that, while it is commendable to rid the community of frauds and pretenders, of whatever kind, ilk, or dye, it would be a still greater cause for rejoicing could some of these millionaire monopolistic patent-medicine companies of the far down East,—who offend the eye with their vandal and

brazen advertisements ineradicably blown and stamped into the landscape and Saturday morning papers, accompanied by pictures of ex-mayors and ex-other-degenerate gentry,—it would be a much larger feather in the State Board caps, could they compel some of these companies to “show down” or “shut up”! That is to say, make them declare that their vaunted compounds are really made of sarsaparilla, or celery, or vinegar, or tansy, and nothing else; that they are not compounded of alcohol and molasses and cocaine and opium and all-spice and quinine; that the Silvern Discovery, and the Tansy Pills [Caution: NOT for pregnant females!] and the Louisa Stinkem Clap-Trap bitters, and the Pink Nervine, and the Combination Tablets (homeopathic?) contain nothing more deleterious to human kind than depleting the purse and emphasizing that old Spencerian writing-book headline: “A Fool and his money are soon parted.”

Are not these multitudinous compounds the bane of modern civilization? Should they not be made the subject of legislative investigation and condemnation? Can one,—anyone,—with but half a dram of brains, believe they contain sarsaparilla or celery or other harmless ingredients, and nothing else? If that were true they would not be patented and hawked about the highways and byways in every conceivable noisome fashion; then our great grandmothers were as wise and proficient in the use of simples as are we of the modern “anti” and squirt-gun era in medicine! Do not these compounds, taken without rhyme or reason, out and in season, by the tired-out American, needlessly and so many, many times fatally obscure the horizon for the physician who is ultimately called upon to save from the then apparent inevitable? Is there no way of driving these monopolies to the public front, as they do in Germany, requiring the printing on the bottle of its contents; thus dispelling that nonsensical idea that the name of the medicine really tells all there is in it. Wouldn't it be in very deed far more to the lasting credit of this or any other Ohio State board, could they compel these larger frauds to emigrate to the woods and foot-hills of Indiana or Kentucky?

Does this immunity from legislative investigation and examination rest secure in the fact that there is too much “money in sight”; that they are such large and liberal advertisers in that modern palladium of liberty, that engine of social power, that reflector of public opinion—the morning paper! Note how the Illinois legislature legislated on department stores. Of these there are only a limited number in Chicago, and presumably they did not control sufficient electoral votes to impress the individual mem-

bers of that legislature as a class worthy of protection. But when it came to giving away the people's birthright in the Chicago street railway system, for less than a mess of pottage, there was no trouble at all, at all! not a bit of it! That went. And quickly. Your golden key is a wonderful clarifier of public opinion. These fellows in Ohio who sold bogus medicine, which was merely a fraud and harmless in its physical effect, are far superior in ethics and morals to those other lordly concerns which really put unpublished and unknown drugs into their villainous witch broths and flaunt them under the very eyes and noses of State boards. Let the other fellow's ox be gored once in a while, just for a change.

DR. COWPERTHWAITE AND THE BAPTIST HOSPITAL.

WE are sorry to hear of the resignation of Dr. A. C. Cowperthwaite from the superintendency of the Baptist Hospital at Chicago. When Dr. Cowperthwaite took charge, a little over four years ago, there was then apparent the least likelihood that anything could be made of the hospital over which he had been called to preside. At that time the institution was absolutely destitute; without dishes enough from which to feed the four lonely patients constituting the in-patients; indeed, there was not even a cook-stove upon which to prepare food; and so with other ordinary household conveniences. To add to the dismay of the discouraged management there hung over the hospital a debt of something like \$2500. At this critical juncture our energetic friend Dr. Cowperthwaite took charge; his rare executive ability and enthusiasm were enlisted; improvement upon improvement was added; until now he leaves the hospital a prosperous corporation, standing proudly with toes on the line and head erect, among the standard hospitals of the land. It now has a capacity for 100 patients, a nurse-training school, a corps of well-trained attendants; the old debt of \$2500 has been expunged, and in its place is an endowment fund of \$25,000 and more in sight. If money talks, then Dr. Cowperthwaite's superintendency has been a success. And those who know him best know that he has the enviable reputation of being successful in whatever he undertakes. There is naught half-hearted about him. The Baptist Hospital of Chicago should not have permitted this resignation. It was a mistake, as the management may soon discover. It is true the doctor was badly run down, owing to his rapidly increasing private practice, and could not longer give his personal attention to the detail of the corporation; but even so he should have been continued in nomi-

nal bonds to the hospital he had been so instrumental in advancing from nothing to prominence, while some of the more arduous duties should have been delegated to others. Indeed, it would have money in the pockets of the corporation to have voted Supt. Cowperthwaite a vacation with "full pay," and so kept his sympathy and energy fully enlisted in its behalf. Doubtlessly the release comes with a feeling of gratefulness to Dr. Cowperthwaite. Public office is always a public trust.

THE SQUIRT-GUN THERAPY.

"**ANTITOXIN** caused consumption." Under this heading a daily paper tells the story of a young colored man living in Upper Sandusky who had had diphtheria, had been properly and scientifically injected with antitoxin, had recovered from the diphtheria but has never been well since, and has now died of consumption. It is not safe as a rule to take a newspaper medical account as reliable, but this is only one of a series of disasters which have overtaken this vaunted remedy in the recent past, so that it may be received as in some large sense a truthful reproduction of the fact. What is the squirt-gun therapy coming to, any way, say? Here not very long ago we read of a series of deaths from the pasteurizing of some Baltimore hydrophobic patients; there was also a letter recently received from a point in California telling of the failure of the tuberculin injections in many cases? Then there is that other instance in our knowledge, of a young man, a former opium habitué, who went to a gold cure, was cured of opium eating, but is now dying with perforated and rotten lungs. Begins to look as if shooting a poison into a man's veins, like shooting him in the solar plexus with No. 4 bird shot, is bad for his health. Will we have to lay that pretty little injection fad on the shelf eftsoon with many other cranked and cracked-brained scientific toys which have blossomed and died, as one might say, almost in the morning.

PRIVATE SANITARIUMS.

DR. MARTHA CANFIELD of 26 Streator Avenue, Cleveland, notifies the profession of the recent enlargement and newer equipment of her sanitarium and private hospital, so that she now has room and accommodations for twenty-five women patients. We make this announcement for another reason beside the apparent one—that of advertising the venture—namely, that this and similar institutions seem to be the logical outgrowth of a need which has every day become more patent. There is no gainsaying the fact that many of our hospitals

are simply "robbers." You, as family physician, take a patient to one of these, and it is a toss up if you can secure a room anywhere in the mansard within walking distance, of the noisy and odorous elevator shaft, with anything in it but a cheap softwood bedstead and chair, for less than ten dollars a week. Then there is the expense of a trained nurse, at so many dollars more per week, or else your patient is left at the mercy of a floor nurse—one who attends all manner of cases on that floor, and may bring to your patient the malodorous remnant of the last iodiform dressing in her clothing or fingers from the cancer patient across the way, or some other more vile compound or odor; then, finally, to this must be added the expense of a physician, yourself, whose advice on the slightest provocation is overriden by a last March's graduate; so that it requires no intimate knowledge of higher mathematics to figure out that your patient, when taken to the average hospital, cannot be kept there in anything like half the comfort of a barely furnished room at the top of a hotel or private boarding house for less than twenty-five dollars per week! Then there is that other, and to us as important an item, yet to be considered—the loss of quiet and ease which inheres in a hospital; for, as now managed, this average hospital is simply a surgical acedama, where the groans of agony of those being operated upon, and those already operated upon, make the still watches of the night hideous for all those who have not been and are not to be operated upon, and who came to the hospital under the old belief that a hospital was a place of rest and quiet, with soft-fingered nurses, flowers and birds and pictures; and quiet, intelligent, interested non-surgical physicians watching and studying each case.

We note in a contemporary journal the statement that in Chicago some commercial corporation has started a hospital company on the lodge-payment plan; so that for a regular fee of six dollars a year any member of that sick insurance company may, when ill, be taken to this corporation house—or hospital—and "doctored" until well, without further payment. And the corporation expects to make money at that! There is nothing sentimental about this scheme. It is a pure business transaction—so much sickness and treatment per year for so much money. This corporation makes no impassioned annual appeal, as do the namby-pamby hospitals, for aid to relieve the indigent and the afflicted; it does not ask for reduced rates for its supplies and necessities on the bold pretense of being done in the name of "sweet charity" and good-Samaritanism to the helpless and afflicted; it does not expect to give charity balls and church fairs, and pink teas and King's

Daughters' receptions, and progressive euchre parties and all the other emotional and sentimental and pseudo-sanctimonious appeals for gratuities, and which, having been received to the full from a credulous and ever sympathetic public, it continues to charge its war-time tariff to every unfortunate venturing within the walls of that hospital or corporation.

Therefore, we repeat that such private establishments as Dr. Canfield announces are become a crying necessity. Here is that opportunity to find rest and peace in a private home—for the buildings used are private residences in the best locality of the city—away from the madding crowd, the drays and heavy vehicles, the steam whistles, the motor cars, the clangor of discordant bells, the dances and midnight hurrahs of the medical college next door, the inspection by medical students, and the cry of pain and suffering which cannot be stifled in a surgical hospital; all this too, with the kindly attention of one's own physician, with the surety that your prescription will not be turned down by the latest mandolin-playing, nurse-flirting whip-snapper graduate from the college around the corner. Modern hospitals must change their mode of doing business, or else a corporation such as that mentioned for Chicago will soon spring up in our very midst. Then the medical profession may take down its "Walk in" signs and go to sawing wood for a living. Dr. Canfield, herself an experienced physician and surgeon, has hit upon a novel plan and a happy compromise.

TRANSPORTATION TO BUFFALO.

THE near approach of the American Institute sessions at Buffalo brings about the thought of railway transportation to the Institute city. From Cleveland direct there are several ways of going beside walking or bicycling, and the same is perhaps true from other more distant points. But if the membership meeting at any special point, in order to change cars for the final haul, could agree upon some special time and train, the remaining trip could be made not only a social success but would be of value from other standpoints, such as discussing the best policies and officers of the Institute. For instance, the materia medica conference begins its sessions Wednesday afternoon, June 23, while the Institute proper does not begin till the day following. Now if the traveling membership from the far West would agree upon the Nickel Plate train, which leaves Chicago at 10 o'clock P. M. of the 22d or 23d, there would be a night's ride in sleepers, arriving at Cleveland about nine o'clock the next morning, there taking on the Ohio delegation, and so

reach Buffalo that afternoon say at 4.55. Or if the first session of the materia medica conference or the ophthalmological bureau is the prime object,—and they will probably sit at or about 3 P. M.,—then take an earlier train from Chicago; there being three excellent ones from which to make choice. The point is to get as many of the membership upon one or two trains as possible, in order to have matters as to certain districts of the United States well seasoned and understood. This is especially desirable at this time, since it seems fairly well understood that the Institute will go to Omaha in 1898. After the clans once assemble and disperse in Buffalo, it is a difficult matter to get them together again to transact such important outside business as must inevitably come before so large a body as the Institute. Since the Buffalo committee urges the membership to bring its wheels, here is an opportunity to do so; the Nickel Plate agreeing to perfect arrangements to take care of the wheels *en route*. Address the nearest Nickel Plate agent or Mr. B. F. Horner, Gen. Passgr. Agt., Cleveland, concerning this trip, the excellences of the road, the medium rates for travel, and the other advantages of this road over others between the same points, and be satisfied that you will make no mistake in choosing this line.

A TRANSACTION IN TRANSACTIONS.

WE note in the New England *Medical Gazette* a copy of Dr. Richard Hughes' letter to the London *Monthly Homeopathic Review*, lamenting that the subscribers to the Transactions of the International Homeopathic Congress are proving very dilatory in redeeming their written pledges. If anyone else in America has had the same experience that befell us in getting his copy from the London printers, it is likely enough that all other subscribers in the vicinity of that recipient will be slow to send for the book.

Our experience was this: Being advised that the price included carriage, and that it would be sent by post, we forwarded the required ten shillings. The book was brought us a fortnight since by the Wells-Fargo Company Express, who collected the following charges upon this volume:

Customs duties twenty-five per cent. on	
book valued at \$2.00,	.50
Customs fees,	.20
Cartage,	.25
Brokerage and storage,	.50

So that we paid, \$1.45
to bring a "carriage-paid" book valued at \$2,
from London to Cleveland. Perhaps we should

be grateful that the customs and express officials did not discover any more red tape occasions for making a few more half-dollar charges. Had this volume been a book of general medical utility, a text-book, or a copy of some rare medical work, some justification might lie for extorting a carriage fee almost equal to the value of the book. But this charge of six shillings for carrying a ten-shilling book, which is naught but the record of a session of doctors, and has no quotable value in any book market anywhere, is rubbing it in with a good deal of unnecessary unction.

What does "carriage-paid," mean, any way, in England? This book was plainly marked "carriage-paid." From whence to where was the carriage paid? In our country no express or other delivery company would think of asking further compensation for carrying any form of parcel, after it had been once paid for at the initial end. Why was this book consigned to an express company instead of to the postal authorities—as even the latest of the Secretary's bulletin says will be done? At any rate it has cost us \$1.25 for having a book carried from New York to Cleveland. We beg to say that we do not consider the price of the volume with the added carriage-fee too much. We have no quarrel with that. What we do condemn is any form of sharp-practice. And there has clearly been such practice on the part of someone in handling this "treasure-trove." We would not have objected to paying sixteen shillings for the volume carriage-paid had it been so demanded; but we object to paying ten shillings for the book, under the promise that everything was included, and then be required to pay as much again, minus a few shillings, in order to have the book delivered.

Book Reviews.

—The *Review of Reviews* is given up chiefly, as are so many of our contemporary (literary) exchanges with the jubilee of England's Queen. The intent is good, doubtless, but it is getting to be somewhat wearisome by its frequent iteration. What will all these raconteurs do when Her Majesty is gathered unto her fathers? When one comes to think of it, what a wonderful history could be written of any man or woman's life if all the progress of the world and all the great happenings during that man or that woman's life were repeated and told with fulsome prose and garish pictures—leaving the impression that in some way these advances could not have been made but for the fact of the living of this man or that woman. Washington, Lincoln,

Grant, Napoleon, Cæsar, and others embalmed in history, took an active part in the forming of that history; they were actively engaged, and really made that history. But as to the present jubilee occasion, we question whether there is anything specially to be jubilant about, except that the good Queen has been spared in life and health to attain a great age—and we hope may live many, many more years; but for the rest of it, we fail to see the need of all the volumes of panegyrics and ante-obituaries. The *Review of Reviews*, being an English journal, is properly enough catering to the English taste.

In other ways the *Review* is still first-class, and fully abreast of the times. It is certainly a busy man's best literary friend, because of its terseness and thoroughness in discussing and presenting the live topics of the world.

—The *Cosmopolitan* has a continued story, "The War of the Worlds," which carries its interest along on every page. It purports to be a hostile visit from the planet Mars. The illustrations of this journal are always fine and of a high order of merit.

Globules.

The prognosis of pneumonia is usually grave in gouty persons.

General pruritis is aggravated by the use of tea, coffee, and alcoholics.

The appearance of labial herpes is a favorable sign in pneumonia.

A contracted pupil is always a contra-indication to the use of opium.

Face powders commonly contain arsenic or carbonate of bismuth or of lead.

Dr. R. B. House of Springfield, O., has been appointed physician to Ohio Masonic Home at Springfield.

Don't forget the Nickel Plate, if you are going to Buffalo from points in the West. It connects all through the West with first-class roads.

Dr. W. W. Stafford has residence hours at 101 Twenty-fourth Street, Chicago, until 9 A. M. and 6.30 to 8 P. M. City office 801 Reliance Building.

The rumor that Dr. J. E. Storke had been lost in the wilds of Mexico is unfounded. His many friends will be glad to know that he is alive and well.

At least half of all tuberculous patients have albuminuria.

Uric Acid is not excreted in the urine during uræmic attacks.

A **St. Louis** College has a phonograph for taking clinical lectures.

Toxicity of the urine is much greater with an animal or mixed diet than on one solely of vegetables.

The Indian government has forbidden for this year the annual pilgrimage of its Moham-medan subjects to Mecca.

Talking of substitution, a druggist in the East Side, New York, has beaten the record by substituting sugar for antipyrine.

The Bellevue Hospital Medical College and the Medical Department of the New York University have coalesced, it is stated.

Uric Acid is normally produced by the kidneys, claims Dr. A. P. Luff, and hence its absence from the blood of healthy individuals.

Van Niessen now claims that pure cultures of his "syphilo-coccus," injected into animals, will produce gummæ as well as the typical primary affection.

Bicycle riding is said to be a common cause of temporary albuminuria often accompanied by casts. The phenomenon is doubtless due to the marked increase in blood pressure following such exercise.

Camphor internally, in three-grain doses thrice daily, is said to exert a remarkable anti-galactic effect, and is hence of great use when it is desired for any reason to bring about suppression of the milk.

Commenting on the late legislative sanction of "osteopathy" in Michigan, the *Medical Age* remarks ironically that "Recently a school for the feeble-minded was set up in Lapeer, but it is evident that Lansing is its proper home."

Kohn, in the *Medical Record*, recommends for epistaxis breathing deeply and rapidly through the wide-open mouth and saying "ah" with each respiration. In this way the soft palate is made to act as a plug to the nasopharyngeal vault.

Dr. John C. MacEvit, in the *Medical Council*, recommends for chronic pelvic inflammation, after copious hot vaginal douches twice daily, tamponading the posterior fornix with tampons saturated in a solution composed of potassium iodide, one ounce; glycerin, two ounces, and water two ounces.

The phosphates in the urine are much increased, sometimes doubled, in epilepsy.

Where is C. D. Crank, and J. D. Buck, and C. A. Pauly, and Ellen M. Kirk, all of Cincinnati?

Dr. O. S. Runnels has removed his offices from 50 Monument Place, Indianapolis, to N. E. corner Meridian and Ohio streets.

Dr. C. B. McCulloch, late resident physician of Cook County Hospital, Chicago, is associated with Dr. O. S. Runnels as an assistant.

Dr. W. A. Geohegan, Cincinnati, is the newly elected president of the Ohio State Homeopathic Medical Society. And he will be a good one, too.

"**Marquette and Surroundings**" is a handsomely printed and illustrated book of nearly one hundred pages, descriptive of this city and vicinity as a health resort.

Dr. Bushrod W. James contributes a valuable and suggestive paper to the AMERICAN HOMEOPATHIST, evidencing that Hahnemann's Tomb is now the property of Hahnemann Medical College of Philadelphia by purchase of the ground through Professor Chas. Platt.

We are amused to find in a Western homeopathic journal the ad of a former high-potency doctor and surgeon, the son of an ultra high-potency practitioner, the brother of two other high-potency doctors, and yet this Western offshoot advertises "Special attention to Intubation and Anti-Toxine Administration."

At a recent examination held by the Louisiana Board of Medical Examiners on behalf of the State Medical Society, a negro woman, Dr. Emma Wakefield, was one of the successful students. She not only passed her examination, but passed with honors. She is the first negress to be licensed to practice medicine in Louisiana.

A queer item from Mardin, Turkey-in-Asia: A test was given me, says Dr. D. M. B. Thom, recently whereby the sex in utero can be differentiated. It is certainly one never heard of before, and I don't believe it is in the books, so I hasten to lay it before the readers of the *Summary*, for such knowledge should not be hidden under a bushel. It is, at the sixth month of gestation, a drop of milk is pressed from the breast of the pregnant woman on to her thumbnail. A louse, not a rarity in this land, is secured and placed in the milk. If the afore-said creeper succeeds in crawling out of the milk, it is a female; if not, it is a male! Now, I presume, all the ladies will be experimenting (?), and I shall look for results in the columns of this Journal.—*Med. Summary*.

Buffalo has 250 miles of asphalt pavement, and a park system of over 50 miles. Therefore bring your bicycle with you. They will be cared for FREE at Unity Hall during sessions of the Institute.

Dr. C. Gurnee Fellows sailed by a North German Lloyd steamship, on June 3, for Bremen, and will spend three months in Germany, Austria, France, and England, in hospital observation, looking up his specialties abroad.

Dr. E. A. Hults has been elected Inspector—a Board of Health office—of Perth Amboy, N. J. As Dr. Hults is a homeopath it gives us much pleasure to chronicle his unanimous election, and, what is sometimes a good deal to the point, that the office carries with it some fair emolument.

Dr. Duffield of Huntsville, Ala., has been elected President of the U. S. Board of Pension Examining Surgeons, which board consists of an allopath, a homeopath, and an eclectic. An additional place of honor has been conferred on our ex-shipmate, in that he is also been made medical examiner of Section No. 8, Knights of Pythias.

The New England Medical Gazette has changed "front" and editors. The title page is in different type—so, also, is the body of the *Gazette*; and Dr. J. P. Sutherland resigns, giving place to John L. Coffin, M. D., and Anna T. Lovering, M. D., Editor and Assistant Editor. Sorry to lose Dr. Sutherland from the editorial "trust."

Dr. Lucy Waite has been elected head physician and surgical gynecologist to the Mary Thompson Hospital, Chicago. The hospital is devoted to diseases of women and children and contains a capacity of seventy-five beds. It was founded thirty years ago by Dr. Mary Harris Thompson. Dr. Lucy Waite is the wife of Dr. Byron Robinson and at the request of her husband retains her maiden name.

We believe Hahnemann Medical College of Philadelphia has not got that Ohio Board of Registration requirement straight. There is some misunderstanding somewhere. The Ohio Board has had no thought of emulating the Missouri Board of Health in attempting to take from the college all individuality and vest all such corporations in the hands of the State Board. So far from being a "Bit of Impertinence" the Hahnemann will find, probably has found before this, that the request for information was all O. K., and neither implies nor calls for any information which is not the legitimate right of the board to require.

Gov. Lon Stephens of Missouri seems to have incurred the displeasure of the Antimasonic element of his State as well as of the allopaths, because he appointed Masons to public office. Lots of backbone in that same Governor.

Dr. Flora A. Brewster of Baltimore is to spend her summer outing this year in California. Last year Dr. Brewster was one of our tourists to London and Paris and was duly and indelibly dubbed our "Pandora." She will go with the "boys" again in 1900.

The Grand Trunk System of Railways of Canada offers special facilities to our medical folks who would be glad to take an outing up around the St. Lawrence River, Montreal, Quebec, etc. General Passenger Agent W. E. Davis, Montreal, is prepared to give all needed information and promptly.

A History of Homeopathy in the State of Ohio by D. H. Beckwith, M. D., Cleveland, comes to us as a reprint from the current Ohio Transactions. Dr. Beckwith has given the profession a valuable paper, embodying many wearisome days of research and study and running down old pioneer times. It is well written and, for aught we know, without a flaw.

The North-Western Monthly, not a medical publication, published in Lincoln, Neb. will in its July, 1897, issue give a medical series on "The Physical Child," with contributions from fifteen doctors, among whom we find our good homeopathic brother, Dr. C. F. Menninger of Topeka, Kan. These medical people, assisted by various school superintendents and teachers, have undertaken a thorough discussion of all the practical points bearing upon the Physical Child. This July number will cost twenty-five cents.

Dr. A. M. Duffield, Huntsville, Ala., was the center of an interesting incident recently. As witness in a law court the opposing counsel, in a sarcastic way, asked Dr. Duffield if homeopathy wasn't considered by the people, the common people, as something like "the hair of the dog being good for the bite," and was answered that perhaps some very common people might so consider it. Dr. Duffield then appealed to the court for permission to clear himself and his school from the obloquy sought to be cast by the attorney. Judge Steward gave the permission, and Dr. Duffield proceeded to enlighten that court and jury on the principles of homeopathy—using primarily the ipecac argument, etc. The courtroom was packed; at the conclusion of his masterly defense Dr. Duffield was applauded, and subsequently congratulated, by scores of people—by many, too, let it be recorded, who are not of the homeopathic faith.

A physician died recently from the effects of the sting of a wasp that was concealed in the core of an apple he was eating.

The bismuth reaction with sugar is closely simulated by rhubarb taken internally, also by sulphur. It is a poor test at the best.

In convalescence, where no remedy is specially indicated but where progress seems unreasonably deferred, Dr. J. P. Danter says that some *food* is indicated, and because of its richness in readily digested proteids and phosphates Hudson's Food is recommended.

Apropos mineral waters Editor Ernest Hart says: "Such [the voracious and indolent] must at times be sent where change of scene and hours will tempt exertion, change of food relieve the stomach, and a copious supply of that fluid which they least affect, mingled with salts of ill flavor, to win faith from fools, shall purge their body of its grossness."

After the mania produced by improper use of alcoholic beverages has been controlled I know of no better compound than Celerina, says Dr. D. E. Ashley, to restore tone to the nervous system and vigor to the whole human economy. I find it an excellent remedy for colliquative sweats, especially in convalescent cases of typhoid fever. I speak from knowledge obtained from careful observation.

Urinary Calculi. The claim that any Water is a *solvent of urinary concretions or calculi* in the kidney and bladder—that it disintegrates and washes them out of the bladder—seems too enthusiastic for some to accept. This claim, however, was put to the surest of practical tests last winter, when fragments of calculi passed by patients who had for some time been taking Buffalo Lithia Water, were subjected to analysis by three of the most able and distinguished chemists of the world. Dr. A. Gabriel Pouchet of Paris advises the use of the water of Spring No. 2, to disintegrate and eliminate vesical or renal calculi; and, in a recent article, he presents eight illustrations from photographs of disintegrated calculi passed by as many patients while under the influence of this Water. Dr. R. Ogden Doremus photographs some fragments of calculi disintegrated and eliminated by the use of Buffalo Spring No. 2. Dr. John Attfield, the distinguished author of the *Manual on Chemistry*, likewise by his analysis of five specimens shows that the calculi were disintegrated and eliminated "by patients while drinking the Waters." In addition, every day professional and clinical observation confirms the facts named. These waters have now been prominently before the profession for forty years or more. Were they unable to meet the claims

made for them, their use by prescription would long since have been discontinued. This is too practical an age to perpetuate the use of agents that have been tried and found wanting. But the demand for Buffalo Lithia Water, for the purposes named—especially that of Spring No. 2—has steadily increased, until now, nearly the full supply from the Springs is daily consumed.

OH-DON'T-OLLOGY.

DON'T carry a single member on the American Institute rolls who does not pay his dues. Better a hundred members paid-up than a thousand deadheads.

DON'T send your patients to a hospital where surgery is the first and practically the only thought entertained in reference to all patients.

DON'T fail to issue a "Homeopathic Number," some day soon, as a companion number to the "Whooping-Cough Number," the "Woman's Number," etc.

DON'T forage upon either of the other learned professions, gentlemen of the medical profession. Let medical men and women "run" the medical business, and let the ministers attend to their knitting. Don't alternate.

DON'T ask the American Institute to pay little expenses which you, as chairman or member of a committee, ought to be too proud to ask anyone to help you to bear.

DON'T go back on your subscription to the Transactions of the International Homeopathic Congress, even though you were not elected a Corresponding Member of the B. H. S.

DON'T fail to pay your annual dues to the Institute while it is in session at Buffalo. That's the way to help it out of its temporary financial stress.

DON'T put that fol-de-rol "Preliminary Educational Requirements" in the annual catalogue, if it is to be but a pretense to lull credulous wealthy aunts and cousins into a sense of security.

DON'T be too sure of raising "the Standard" by excluding old and experienced practitioners out of the State by requiring of them a theoretical and schoolboy examination.

DON'T burden Secretary Porter's mail with the name of your bureau members, when those members may refuse to serve. Better get the consent of the proposed member before announcing him.

DON'T forget to bring at least one new member to the Institute. Two will be better still.

DON'T tarry long on the Canada side when you visit Niagara Falls; rates at some of the hotels are simply robbery.

DON'T overlook our sisters in the church, the lady members, Prest. Custis, in making your committee appointments.

DON'T fail to take your wheel with you to Buffalo. Splendid travel there and thereabouts. But keep on the right side of the street or road.

DON'T let that Hahnemann monument fund languish. Every homeopath, in the Institute or out, is committed to the building of that noble structure. Let the good work go on.

DON'T be downcast because of the allopathic attacks on Gov. Stephens of Missouri. That's the usual form of warfare of this enlightened school of medicine: namely, ABUSE!

DON'T take second place on that ticket if the first place escapes your vigilance and friends. That, you know, usually means Institute extinction.

DON'T have any more wrangle about the Institute finances. Apply a business policy to the collection of its dues; then watch its rapid return to prosperity.

DON'T let us have any favorite-son business about the presidency of the Institute this year. Let the best man win on his merits as a man and doctor.

DON'T establish the precedent that a man (or one woman) to be an American Institute President must not be too young, nor so old as to be a senior—neither non-age nor dotage, but just between.

DON'T fail to be a little magnanimous, gentlemen of the button-gold and the ribbon-red. The American Institute requires every man to do his duty. This includes the Senate of Seniors.

DON'T neglect any Institute section to take part in some local entertainment. Thus will you convince the Local Committee that you came to Buffalo to attend to the Institute business first. *After* that, recreation.

DON'T start any more independent bureaus outside of the American Institute, but still under the same tent. Perhaps if the eye-and-ear people would come down off their too technical high horse and talk horse-sense, there would be no failure of an audience.

DON'T fancy that the B. H. S. is always a unit on what is reported of its doings in Great Ormond Street. We think better of the *tout ensemble* than that. Indeed, we now *know* better.

DON'T, if you are a bureau chairman next year, sell out your bureau—lock, stock, and barrel—to the first journal which ask for ALL the papers. Some of the other journals may like to print a paper.

DON'T grieve for the Rev. Geo. B.; he will be available in a great many ways, notably the delivering of faculty-addresses for our progressive, mortar-boarded and mother-hubbarbed mediæval homeopathic school commencements.

DON'T believe any more published notices of dead doctors unless you have the announcement in their own handwriting—not even if you see it in the *Medical Century's* Special "Obituary Number."

DON'T permit the use of your name for an Institute vice presidency if you have nothing else to recommend you save your un-pernicious activity in preparing entertainment as a member of the Local Committee of Arrangements.

DON'T take with you any long-winded oration to Buffalo. If you are on a bureau or on the prohg'r'm for an address, be merciful to the rest of the Institute who must be present—no other entertainment being billeted for the same hour.

DON'T fear that there may be a death of presidential candidates in the Institute. The woods is full of 'em. Four from New York, one from Ohio, one from Arkansaw, one from Missouri, one from Nebraska, and others not heard from, but who have hopes.

DON'T permit the grooming, next year, of any hotel as an official Institute headquarters. It isn't fair to the other hotels. The official headquarters should be in the place of the meeting, and not either in a \$5-a-day hotel or a \$3-a-week boarding house.

DON'T forget the true object of the American Institute of Homeopathy, "the improvement of homeopathic therapeutics and all other departments of medical science." Nothing said about entertainment and boat rides and street-car trips or banquets or \$4-a-day headquarter hotels.

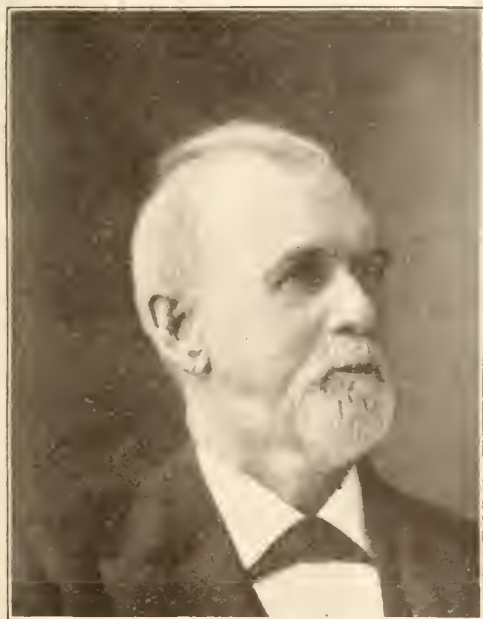
DON'T have the official Institute headquarters in a hotel. If necessary to occupy a hotel parlor, make a business transaction of it. Don't compel the individual membership to pay that hotel a high tariff, in order that some bureau may have a FREE (?) room for a few hours.

The American Homeopathist.

NEW YORK, JULY 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



JAMES M. SELFIDGE, M. D.,
Oakland, Cal.

PRESCRIBING ON SYMPTOMS.

A STUDENT writing to this editor, reciting a case he had taken in hand, with the view to building sudden fame and enduring fortune thereupon in the village to which he had donated his services—for a while at least—mentioned the following "homeopathic" symptoms:

She is very yellow.

She is severely constipated.

She has pains in the right side.

She dreams every night.

She has a good deal of headache.

She has rheumatism.

She has palpitation—and others of a similar nature.

Now, would not the reading of this list convince most anyone that patient is ill, and needs treatment?

Does not homeopathy teach the practitioner to find out the symptoms?

And are not the above symptoms?

* * *

THIS student, therefore, having looked over the catalogue of remedies "good for" rheumatism, or constipation, or headache, or dreams,—and having prescribed for a day or two, remedy-No. A without success, or remedy No. B with less effect, and, perhaps remedy No. C a little later and still without appreciable effect,—concludes that homeopathy in this case is a failure and something more POWERFUL must be given! And it is! With the quick result of a copious bowel movement—which always appeals to the common people; and a day or two later something is sent for to the drug-store for rheumatism, externally and internally; and so on to the end of the Peter-to-Paul-and-back-again chapter in old-school practice.

* * *

WHAT'S the trouble in this case? How many of the students who were graduated this recent spring with blue-ribboned diploma, amid all the time-honored sanctities of clerical accessories, together with mortar-boards and mother-hubbards, are able to take a case homeopathically? How many others, having succeeded in this most difficult, if not most important part of the undertaking, are then able to select the remedy? And finally, and more important still, having taken the case properly, prescribed for it properly—how many are able to keep their "hands off," and permit the remedy to work out its proper salvation?

That's old-fogy homeopathy! Perhaps. But it has one great redeeming feature, IT CURES!

Why do so many homeopathic colleges content themselves with filling out the student's time with operations and operations and yet more operations, neglecting the prime reason for having homeopathic schools at all—the teaching of homeopathic medicine?

THEY *do* teach homeopathic medicine ! That is to say, some one of the faculty is told off to read a lecture upon aconite, or belladonna, or zincum, and there you are. Correct us, if we are wrong. You say the chair of practice teaches homeopathy. Does it ? That chair usually reads off a long lecture on scarlatina, or intermittent fever, or some other pathological condition, and at the end thereof, in about ten minutes with lavish hand sprinkles a hatful of remedies from which one may take or let alone.

*
* *

WHY not teach the students something about homeopathy itself ? *Materia Medica* is not homeopathy ; homeopathy is greater than that. Practice is not homeopathy ; homeopathy is greater than that. Pedology is not homeopathy ; homeopathy is greater than that. Gynecology is not homeopathy ; for gynecology is greater (?) than that.

Then, when that student, having been graduated, his head filled with operative measures and technique, his notebook lumbered and littered with "good remedies" in this or that incidental condition (which cannot be traced to gynecology)—he essays to practice medicine—medicine, mark you ! And the very first case some good Samaritan doles out to him, he falls down and is unable to rise.

Why not make the same innovation in the colleges which many of the homeopathic journals propose to do ere long, namely, have a *homeopathic* number—or, in other words, have a homeopathic semester—just for a change ?

Then there will come up from Macedonia no pitiful cry for help. The student will not write a wail similar to that heading this article, because, as he says, he is unable to cure his case, although treating it on the symptoms.

And if a homeopathic graduate is unable to "take" a case homeopathically, how much less of censure should be meted out to the George Goulds who deride our symptomatology first and our posology next !

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Does Quinine Cure or Suppress ?—A paper²⁰ by Dr. A. A. Clokey advocating quinine as the only rational treatment for malarial intermittent fever has evoked a number of letters from residents of malarial neighborhoods

detailing positive cures by nat. mur., ign., ars., ipec., nux., and others as indicated. A typical case was the following, by Dr. J. T. Vansant :

A young man, twenty-one years of age, applied for treatment "as a last resort," and his appearance gave credence to his prognosis. He had been treated by the "regulars" of the community, had taken chill tonics and domestic remedies in approved doses, yet for twelve months he had a chill every other day at about 8 A. M., beginning in the extremities ; nails blue ; great drawing of limbs ; fever and sweat lasted several hours intermingling. He was emaciated, jaundiced, constipated, and expected a chill the next morning. A dose of *nux vomica* 6x was given, with directions to take no other medicine until after another chill occurred. He reported in two weeks thereafter that he had no chill after the dose given in the office ; had a ravenous appetite and had gained eighteen pounds in weight. He had no return of chills.

Palladium³⁰ IN STERILITY.—Dr. Eric Vondergoltz⁸ describes in interesting detail the case of Mrs. K. G., aged twenty-seven, married six years, and had had two children, and one abortus. Abortus three years ago, and sterile since that time from chronic pelvic inflammation subsequent to a curettage (sepsis?) after the abortion (was in bed for three months).

History and Symptoms.—Patient came under my care October 10, 1895 ; she related to me that she knew the nature of her disease from her different treating physicians, especially Dr. C. Cleveland ; that she had inflammation, and further that the physician of Mt. Sinai Hospital had told her that she had to undergo an operation (vaginal hysterectomy?). Said she had not been pregnant in these three years on account of the inflammation, as her other physicians had told her.

The most conspicuous symptoms were :

Patient feels as if somebody was cutting with a knife in her anus ; always empty eructations ; headache always moving around like cramps ; pains in the ovarian regions, going down the thighs.

Physical examination showed the following anatomical condition : Uterus retroflected, painfully sensitive, immovable. The parametria on both sides a compact mass, filling out the

lower pelvis. In lithotomy position the upper border of the masses could be palpated through the abdominal walls.

The diagnosis was easy—chronic pelvic inflammation.

I prescribed palladium 30th (three doses) to be taken one every twenty-four hours.

October 29.—Patient reported considerably relieved. Sac-lac.

November 2.—Patient feels worse again. As the symptoms had not changed I gave palladium 30th (three doses) again.

The patient did not return, and I thought that she was again under the charge of other clinics.

February 12, 1896, patient came suddenly to my office, and most excitedly expressed her fears of being pregnant.

At my request she related that she had felt better, and therefore did not think it necessary to come, especially as she lived very far off (most clinical patients indulge in such a habit, so it is mostly by accident that the final result, cure or failure, is revealed by recommended new patients or by otherwise reported gossip).

As I examined the patient I was startled to find the following: That nearly all inflammatory swellings had disappeared, and a very well-defined pregnancy by the positive uterine signs was established.

I especially narrate this case, as the patient believed herself safe—on the authority of many physicians—not to become pregnant again.

Phaseolus Nana, THE NEW HEART REMEDY.—Dr. A. M. Cushing⁹ reports another case of the remedy he is introducing, the common white bean. "My case was that of a lady, aged about forty, who for two years was under the care of a homeopathic doctor for some trouble, I don't know what; then two years under the care of another homeopathic doctor for a fibroid of the uterus. She had twice consulted a specialist in Boston, who said it could not be removed. Then she came under my care with a fibroid as large as a fetus at full term. Suffice it to say, I gave remedies in a higher attenuation than I believed she had taken, and in a few months the tumor had greatly diminished and gave her no trouble. Still she was nervous and had neuralgic pains almost all

over her. As remedies did not seem to relieve her for any length of time, I decided to give her phaseolus 9x, as it probably would do as well as what I had given her. The next time I called she met me with "I want a whole bottle like what you gave me last." She does not have to take any medicine now.

Cuprum met. AND Kali mur. IN EPILEPSY.—Dr. H. V. Halbert,³ urging the value of the law of similars in epilepsy, calls attention to two: cuprum metallicum and kali muriaticum. The former is the most perfect simillimum of the epileptic spasm. It moreover has a peculiar grouping of symptoms and a periodic tendency similar to the disease. It has a deep seated action, and therefore pertains to the involvement of brain cells below the neuroglia layer. Thus it is very useful in cases of long standing, and in adult subjects. Its powerful influence upon the alimentary canal makes it valuable in the reflex or sensory form. In like manner it controls the violent delirium or the tendency to stupor, and thereby preserves the function of the cortex motor cells. To prevent the sudden explosions of motor force, there must be an equally distributed arterial pressure and a perfect mental inhibition. To stop the paroxysmal frequency the brain structure must be well nourished and the mind must have control. Cuprum will do this more satisfactorily than any other remedy. To me it has been a sheet anchor in the treatment of old and obstinate cases, and if the time was sufficient I could give statistics in confirmation of the claim.

Kali muriaticum is one of the tissue remedies too easily overlooked. Its delicate affinity for the nerve centers makes it a slow acting remedy. Inasmuch as the physician too frequently seeks palliation in epilepsy, it is not generally employed long enough. Without doubt it preserves the fibrin factor and prevents a tissue metamorphosis. This, I believe, should be the therapeutic aim in treating this disease. It is simple enough to relieve a fit, for it is in itself self-limiting. The real object is to overcome the morbid degeneration. The protoplasmic fibers are surely strengthened by kali mur., and such a condition tends to preserve the brain integrity. When the brain cells are properly nourished, they can withstand the irritation of

the sensory fibrillæ which surround them. This being done, we have made the first advance toward the removal of the cause of the disease. While I do not make the claim of any specific, and while I admit the difficulty in curing this terrible disease, my record book gives much substantiation of the above statement. I had expected to present the case of a boy who had suffered with a severe form of epilepsy, but who is now surely within the hope of recovery. He has been under my care for some time, and his only remedy has been kali mur. 6.

Cure from One Dose of Rhus Tox.—Dr. A. G. Moffatt.⁴¹—Mrs. R. I., aged thirty, of slender stature, and brunette type, has had several attacks of swelling on right side of neck, increasing to a large size. It usually comes on during the spring and autumn months, or after bathing. The condition usually lasted four to six weeks, being accompanied by pain in the joints. Under the most favorable circumstances and best treatment, at different times and places, by skillful and experienced physicians, the condition would last the usual length of time. Her neck had been blistered with cantharides and painted with iodine, until the surface was left raw and bleeding. After having been treated in this manner several times, she always became alarmed if there was the least enlargement on her neck.

On July 16, 1895, the condition began to appear again after she had been bathing in the lake a few times: as usual, she became very much alarmed, and consulted me about her condition. After investigating, I noted the following peculiar symptoms:

Swelling on right side of neck, below and anterior to the right ear, skin red and covered with small vesicles which would break and exude serum, keeping the surface wet. There was intense burning and itching, with aggravation from rubbing or wet applications, which seemed to spread the eruption. Pain in shoulders, hips, and knees, aggravation at night during damp weather and after bathing, very restless at night and could not sleep. Did not mind rheumatism during daytime or when moving around but was always worse during damp weather. Pulse and temperature normal. Gave one dose of rhus tox. L. M. at 9 A. M.; at

1 P. M. feels better; not so much burning. At 6 P. M. burning and itching have gone. Next morning says, "Slept better last night than for a month." In three days the condition was all cleared up, and she felt better than for five years. She was to send for medicine if condition returned, but I have not heard to present date.

Aconite IN EPISTAXIS WITH FEAR OF DEATH.—Dr. J. M. Selfridge⁴² says: I had a case of a gentleman in Oakland with epistaxis. There was an abraded surface in the left nostril. I plugged the nostril with cotton saturated with persulphate of iron. It started again in a few hours. I depended upon the local astringent. The patient was evidently in a hemorrhagic condition. I repeated the plugging, and thought he would not bleed again, but he did. During my absence Dr. Clarence Selfridge pulled out the plug, but he still bled; Dr. Grant Selfridge applied the galvano-cautery, but he still bled. Dr. Augur suggested ergot. It was prescribed in massive doses, but he still bled. He grew very weak and thought he was going to die, and asked to be given something so that he might die easy. I thought he needed aconite, and gave it in the two hundredth potency, and it acted like a charm. If bleeding started up afterward a little aconite would stop it.

Digitalis IN PNEUMONIC FEVER.—E. V. Ross, M. D.⁴³—In the so-called senile pneumonia, or the pneumonia occurring in old people, digitalis is a potent remedy when the following set of symptoms is present:

"Dry cough, with mucous râles over both lungs, without expectoration; if there be expectoration it has a purplish color, which has been likened to 'prune juice.'"

"Face pale, of a death-like appearance, or a purplish cyanotic hue."

"Extremities cold and cyanosed."

"Pulse feeble, frequent, irregular, and may intermit."

"Great prostration."

"Deathly nausea, or a gone, sinking feeling in the scrobiculus cordis."

The above symptoms indicate a desperate condition, and point quite clearly to an impending respiratory paralysis. The prune-juice expectoration, so characteristic of digitalis, is

looked upon as an unfavorable sign, indicating extensive blood changes. According to Grisolle the mortality in pneumonia is fifty-nine per cent. in those over sixty years of age.

Antimonium-tart. is the nearest analogue in these cases.

Kali Bichromicum IN DIPHTHERIA.—Dr. George H. Martin ²¹ reported a case of diphtheria. There had been two other cases in the same family, which had both died the week previous to the time that this patient was taken down. I had another physician in attendance with me upon the case, which, from the first, rapidly grew worse. At last Dr. Selfridge was called in. He agreed with the remedy, which was kali bichromicum, but recommended that it be given in the two hundredth potency instead of the sixth, which had been used. Two hours after, the child, which was in an almost moribund condition, began to improve, and in a few days' time was entirely out of danger. It was one of the clearest cases of relief from a high potency that I have ever seen.

Dr. Selfridge matched this case with the following: I had a case in Fabiola Hospital. Girl three years old. The membrane was in the larynx, with the barking cough, etc., of membranous croup. Kali bichromicum was indicated. I was in the habit of giving it in the third dilution in water. I called consultation as the patient was getting worse. They recommended iodide of arsenic; gave it late in the afternoon; went back to see the case at midnight. There was no improvement, perhaps worse; signs of dissolution were present. We did not expect the child to live, so thought I would experiment. Gave kali bichromicum two hundred. The child was better next morning, and progressed steadily until complete recovery.

LACERATIONS OF THE CERVIX UTERI.*

By ABBIE A. HINKLE, M. D.

LACERATIONS of the cervix uteri are of such common and frequent occurrence and produce such serious consequences that this lesion is recognized as one of the most important in the diseases of women.

* Read May 12, 1897, at the Forty-second Annual Session of Illinois Homeopathic Medical Association.

Parturition, natural or instrumental, is usually the cause of this injury; many cases are due to criminal abortion, especially after the third month of gestation. In the majority of first labors, the cervix is injured to some extent, but, in many instances, healing takes place during the lying-in, or the injury is superficial, and no serious results follow. Some conditions of the cervix predispose to lacerations, which cannot always be prevented by the greatest care and skill of the obstetrician. In abnormal labors, requiring manual and instrumental interference before dilation, there is great liability to injury. The severest lacerations are generally produced by forcibly extracting the head through an imperfectly dilated os. They are sometimes the result of precipitate delivery in easy, rapid labors, but more commonly of protracted labors and instrumental delivery. *Post-partum* hemorrhage is likely to follow a severe laceration; also, septicæmia from the lochial discharge entering the raw surface. Later, the patient's general health is seriously affected, and there is a marked disturbance of the sexual organs, the gravity of which depends upon the character and extent of the lacerations.

It has been authoritatively stated that three-fourths of the uterine disorders of those who have borne children are due to lacerations of the cervix. They are the origin of most chronic uterine disorders, enlargement and hardening of the cervix, cervical catarrh, erosion of the mucous membrane (which is sometimes described as granulation or ulceration of the cervix), metritis, endometritis, cellulitis, sub-involution, and epithelioma.

Surgical repair, Emmet's operation (hystero-trachelorrhaphy), should be resorted to early when the laceration is extensive.

Restoration of the cervix relieves the inflammatory condition, and the suffering from scar tissue causes complete involution and a marked decrease in the size of the uterus, where, owing to sub-involution, it has been larger than normal; and sometimes cures sterility. In subsequent labors there is no increased risk of laceration; the results are greatly in favor of those who have had the cervix restored, as compared with others having lacerated cervix with scar tissue.

Emmet's operation, performed in early pregnancy has, also, been the means of arresting threatened miscarriage.

Proper diet, the indicated homeopathic remedies, and hygienic habits during pregnancy, frequent hot sitz baths and olive oil rubbings for several weeks prior to parturition, and skillful management of the obstetrician during labor, will insure safe and comparatively easy labor and avoid lacerations, except in extremely rare instances.

The following instances (from among a large number of cases) will suffice to show the correction and cure of abnormal and diseased conditions by trachelorrhaphy.

CASE. Mrs. —, æt. forty-one, had suffered many years from endometritis, prolapsus, erosion of the cervix, and profuse leucorrhœa; also, insomnia, severe headaches, and general nervous debility.

Emmet's operation (performed by Professor Ludlam, M. D.) restored the cervix, and the cure of the above-named disorders was gradually effected thereby. Two years after the operation she gave birth to a healthy daughter, and, instead of dragging out a miserable existence as for so many previous years, she is in the enjoyment of health and happiness.

CASE. Mrs. —, æt. twenty-six, I attended in labor in the spring of '91, when she was delivered of a male child, which was her fifth living child, and she had experienced three miscarriages.

I discovered that, during a former parturition, there had been extensive lacerations of the cervix and perineum. When the infant was nearly a year old, after the return of the menses, I recommended surgical repairs. When about ready for the operation on two different occasions, she became pregnant, but, owing to the condition, miscarried. At last the propitious time arrived, and the cervix and perineum were operated on with good results. She has since borne two healthy male children, and the cervix is in excellent condition; her general health and strength are also up to the normal standard.

CASE. Mrs. —, æt. twenty-four, mother of two children æt. three years and one and one-half years respectively, suffered from profuse

leucorrheal discharge, backaches, headaches, weakness, and constant weariness. Upon digital examination and use of speculum, I found prolapsus, intense inflammation of the cervix, endometritis, and sub-involution, the result of laceration of the cervix.

After a few local treatments with medicated tampons and hot vaginal douches, also bell., ham., and calc. fluor. given for constitutional remedies at different times, the cervix was restored, and the young wife feels strong and happy-hearted since the change from weakness to perfect health, four months having elapsed since the operation.

EXTREME CASE OF CHOREA.*

By E. B. ROCHE, M. D.

ON May 2, 1892, G. S., a boy about eight years old, was carried by his father into my consulting room, having come from a town twenty miles away. In November, 1891, he had a mild attack of scarlet fever, but made a good recovery and was able to attend school again, continuing attendance till March 4. On the night of that day when his father took him out of bed, about 10 P. M., he cried and said his father had hurt his arm, but he was soon asleep again. He appeared well next morning, but in the afternoon complained of backache, and after a bath he seemed even worse. Went to bed at 7 P. M., and at 9.45 P. M. woke up with loud screams which continued for an hour, during which time twitchings of the arms, legs, and head were noticed. He afterward slept well, and on the following morning was well except that these twitchings continued. At 8 P. M., when in bed, the screaming recommenced, and half an hour later a medical practitioner saw him and pronounced it chorea, saying that he would not be cured for six weeks at least. Bromide of potassium was the medicine given, which quieted the movements, but the boy became steadily weaker. Fellows' Syrup was given, but the appetite failed and he lost strength day by day, becoming in a few weeks as helpless as an infant, having lost all power of speech and use of his legs. It was in this condition he was brought to me on May 2, 1892.

* *Monthly Homeopathic Review.*

He was greatly emaciated—his legs useless, muscles wasted, though slightly moved with restless twitches. Shoulders and arms constantly moving—head also, but no facial contortion. Two or three enlarged occipital glands were tender. Appetite very bad. Bowels regular. Can retain urine. No movements during sleep. Cannot speak. Not formerly a nervous child. Cardiac sounds normal. Sleeps very badly.

The child was so weak and ill that I gave a very guarded prognosis, and was very sorry that he had been brought such a distance. Agar. 1x and bell. 1x were ordered alternately every three hours.

May 7.—There is some improvement in appetite reported, but great restlessness and fear. Agar. 1x, ign. 1x.

May 14.—Appetite still improving. More sleep. Less twitching the last two days. No improvement in use of legs. Repeat.

May 23.—The boy is better in general health, but speech and use of legs remain the same. Repeat.

June 10.—Still improving in general health. Twitching diminishing, but use of legs no better. Repeat.

June 24.—Is steadily improving. There is a little more power in the legs. Begins to talk. Agaric. 1x, nux vom. 1x.

July 11.—Improvement has steadily continued, and the chorea is almost gone. Can now walk and talk fairly. Repeat.

July 30.—The boy is getting on well. Gains flesh. Improves in walking and in talking. The medicines were continued for a few weeks, and the boy quite recovered and returned to school.

I gave the agaricus as the medicine on which from past experience I relied for the chorea, having had several cases in which it had done me good service. I have had several cases since this one in which agaricus has been equally useful. In the case recorded above the boy's condition on introduction was going from bad to worse, and was truly pitiful. It was evident that, unless some change quickly took place, his days were numbered. The only change made in his conditions was the use of the medicines recorded.

LACTATION.

By W. IRVING THAYER, M. D., Williamsburgh, Mass.

TAKE from man or woman all nutriments and death soon follows. Let a mother have a half supply of lacteal fluid, and, in proportion to such a deficiency will the child starve. A primipara who secreted only a limited amount of colostrum and kept that up, so that the child was crying from hunger and had to be artificially fed, was put upon Somatose, a tasteless preparation of beef, four teaspoonfuls a day, and in three days the patient secreted a sufficient quantity and quality of milk to satisfy the child, and the latter increased one-fourth of a pound regularly each week. It seemed difficult to induce the mammary glands to perform their proper function, but, when Somatose was given, there was a normal supply of milk, and the child was properly nourished without artificial feeding.

Physicians are constantly meeting cases that require to be "fed up," stimulated, and nourished by some form of alimentation that does not tax and burden the digestive tract, so that the latter can easily manufacture chyme that can be carried up and taken into the circulation and appropriated by the needy tissues, and this product seems to meet this important matter of nutrition.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 127.)

CONSTRICTION:

painful: bell., carb-a., chin., cocc., coloc., coni., mez., nux-v., plat., plumb., saba., thuj—*in **epigastrium**, pinching, after eating, extending to L. S. of abd. and chest: cocc.—*in **hypogastrium**: bell., cocc.; **pressive**, extending down to bladder: puls.—*in **navel**: bell., plumb., verb.
pinching, in epig., after eating, extending to L. S. of abd. and chest: cocc.
pressive, like a stone, extending from hypog. to bladder: puls.
rhythmical: caust.
spasmodic, with nausea and vomiting of sour mucus: nux-v.

Sm. as if a **ball** or **lump** would form around the navel : bell.
 as from a **band**, in hypochondria : conl., lyc.
 as if the bowels were tied tightly with a **band** : arg-n.
 as if by a **cord**, across the navel : chel., plumb.
 like **cramps** : nux-v.
 as before **menses**, morning : nat-m.
 like a **stone** in hypogastrium, extending to bladder : puls.
 as by a **string**, when breathing : caust.
 as if too tightly constricted : plat.

Md. **fasting** : carb-a., hep.
lying : zinc.
during stool : sulph.

Cn. **colic** : nat-c.
recti muscle, hard and knotty : plumb.
navel, retracted : plumb.

Agg. **lying** on side or back : prun-p.
rising : zinc.
walking : nat-m.

Am. in **bed** : aur-m.
emission of flatus : sil.
pressure : plumb.

Tm. 4 A. M. : nat-m.
toward evening : nat-m.
night : sulph.

Sb. **diarrhea** : laur.
vomiting : colch.

CONTRACTION. 1. *dros., hep., ferr., lach., plumb., rhus.* 2. *arg-m., conl., nux-j., sabad., sang.*

Pr. **pain** in upper abdomen : gels.
stool : sulph.

Ql. **circumscribed** — ***epigastrium** : dros.—***hypogastrium** : conl., rhus.—***hypochondria** : nux-v.—***groin** : rat.; **left**, painful : ars.—***navel** : nat-c., phos., plumb.; as of a **hard twisted ball** : kreos.—***above navel** : plumb.; **visible** : rhus.—***hepatic region** : lach. — ***liver** : canth., plumb. — ***spleen** : cepa.—***splenic region**, **cramplike** : berb.—***muscles** : arg-m., ferr., sabad., scill.; **L. S.** : sabad.; **violent** : tabac.; **walking** : arg-m.—
 ***uterine region** : sulph.

compelling to walk bent forward : arg-m.

cramplike : æsc., lyc., sabad.—*in **splenic region** : berb-v.

diffused.—*to **chest** : nat-s.; **warm** : mang-ac.—*toward **chest**, **twitching** : conl.—*to **epigastrium** : am-c.—*to region of **stomach**; > by pressure, ceasing on lying down : am-c.—*to **throat** : plumb.

painful : agn-c., am-c., bell., berb-v., calc., caust., cham., coloc., conl., dig., gels., hep., k-carb., kreos., laur., lyc., mag-c., mang., merc., mosch., nat-m., nat-s., nux-v., phos., plumb., rhus., sabin., sass., sulph., thuj.—*in **groin** : rat.; **L. S.** : ars.—*in **hypogastrium** : conl.—*in **navel** : bell., merc., phos.—
 *in **rectum**, preventing sitting, afternoon : cocc.—***morning**, sudden, with bearing down : agn-c.—***afternoon**, in rectum : cocc.—* > from **pressure**, on lying down ceases : am-c.

pinching, only when sitting : dig.

spasmodic : aur., hep., lyc., plumb., sulph-ac.—*in **lower abd.** : conl.—*in **muscles**, **L. S.**; sabad.

twitching : nat-c.—***diffused** toward chest : conl.—*at noon : caust.

violent.—*in **muscles** : tabac.—
 ***coming suddenly**, in the morning, with pain and bearing down : agn-c.

warm, extending to chest, with nausea : mang-ac.

Sm. as if a **hard, twisted ball**, in navel : kreos.

like a **board** : plumb.

as in **lead-colic** : sulph-ac.

like **cramps** : æsc., lyc., sabad., in **splenic region** : berb-v.

like **after-pains** : conl.

Md. **going to bed** : naja.

coughing : chel.

risings and fallings of scapulæ : chin.

standing, before desire for stool : zing.

stooping : ferr.

walking : apis; in **muscles** : arg-m.

Cn. **anguish** : aur-m.

bearing down : agn-c.
 burning pains : sabad.
 colic : nat-c., *plumb.*
 hardness of integuments : nat-c.
 muscles : *plumb.*
 inclination to suicide : aur-m.
 nausea : mang-ac.
 navel retracted : *plumb.*
 oppression : con.
 recti muscles, hard and knotty : *plumb.*
 stitches, while lying : *cepa.*
 tension : arg-m.
 tossing, restless : *plumb.*

Agg. during paroxysms : *plumb.*
 before stool : *arum.*
 by touch : *plumb.*
 after 5 P. M. : *sulph.*

Am. lying on abd. : am-c.; down : am-c.
 pressure : am-c.; hard : *plumb.*
 rising from sitting : *chin.*
 rubbing : *plumb.*
 standing : *chin.*
 walking : *chin.*; bent : *rhus.*; bent-forward : *arg-m.*
 warm clothes : am-c.

Tm. morning.—*during stool : *phos-ac.*
 —*after stool, when sitting : *arg-m.*
 —*suddenly : agn-c.—*on walking : *colch.*
 forenoon.—*on walking, in open air : am-c.—*at 2 A. M. : *laur.*—*from 2 to 3 A. M. : *kress.*
 afternoon, painful, in rectum, preventing sitting : *cocc.*
 evening.—*while sitting : *chin.*—*2 P. M. : *laur.*
 night : *sil.*

CORPULENCY. (*Physconia adiposa*). 1. *calc.*, *coloc.*, *sep.*, *sulph.* 2. ant-c., baryt-c., bell., caps., caust., graph., jod., lyc., nat-c., nux-v., plat., puls., staph. (v. *Adiposis* and *Polysarcia*.)

Pr. parturition : *coloc.*, *sep.*

Ql. children (pot-belliedness), ars., asaf., baryt-c., *calc-c.*, cup., lyc., nux-v., puls., *sil.*, *sulph.*
 lying-in females : bell., *calc.*, *chin.*, *coloc.*, plat., sec., *sep.*

girls (at the age of puberty) : ant-c., *calc-c.*, lach., *puls.*

strumous (*physconia strumosa*) : baryt-c., *calc-c.*, caust., *sil.*, *sulph.*—with swelling of mesenteric glands : *calc-c.*, caust. (v. *Tubes mesenterica*.)

women, old : bell., *calc-c.*, *chin.*, *coloc.*, nux-v., plat., sec., *sep.*

young people : ant-c., *calc-c.*

Cn. acidity : *calc-c.*—*in children : bell., *calc.*, *cham.*, *rheum.*, *sulph.*

abdomen.—*cold : *calc-c.*—*hot : *sil.*

aversion to mother's milk : *sil.*

brown spots, in face and abd. : *sep.*

constipation : *alum.*, *calc.*, graph., *sep.*, *sil.*, *sulph.*—children : caust., *opi.*

crave —*for eggs : *calc-c.* —*for mother's milk : *calc-c.*—*for indigestible things, as chalk, charcoal, rags, etc., *alum.*—*for cold things : *sil.*
diarrhea, tendency to : *calc-c.*, *puls.* (v. stools).

dragging toward abdominal ring, as if the parts were too weak, and hernia would appear : *cham.*

dyspepsia : ant-c., nux-v., *puls.*, *sulph.*

emaciation of limbs : baryt-c., *calc-c.*, *sil.*, *sulph.*; face : *calc-c.*

exhalation, offensive, from body : psor., *sulph.*

face.—*earthy : *chin.*, ferr., *sep.*—

*pale : *calc.*, *coloc.*, *puls.*, *sep.*, staph., *sulph.*—*puffed : ars., baryt-c., *calc-c.*, *sep.*—*wrinkled : *calc-c.*, *opi.*—*yel-

low : *calc-c.*, jod., nux-v., *sep.*, *sulph.*

flatus, incarcerated : *calc-c.*, *lyc.*

glandular, induration : baryt-c., bell., *calc-c.*, *clem.*, con., graph., lyc., *sulph.*—

*swelling, painless : *calc-c.*, con., caust., *phos-ac.*, *sulph.*—*of mesenteric glands : *calc-c.*, caust.

growth, defective (mental and physical) : baryt-c.

hernia : aur., *calc-c.*, *cham.*, *cocc.*, lyc., nux-v., *sil.*, staph., *sulph.*, *sulph-ac.*—*in children : nux-v.—*umbilical : nux-v. (v. a. th. w.)

(To be continued.)

DISCUSSIONS AND DISCUSSERS.

THERE ought soon to be put an end to this tickle-me-tickle-you fashion of discussing medical papers. It is become, in many instances, so bare-faced a bid for some great man's specialty practice that it ought to be cried out of court as unethical if not absolutely farcical. For instance, at a recent meeting of a medical society, a very technical schoolgirl essay was unreeled by a lady physician; so learned and technical was it, so very evidently copied from text-books and so school-girl-y, that it is to be questioned whether anyone in that society heard more than a page or two at the beginning; the mind, growing tired with the text-book effort, and the sing-song-y delivery—the mind refused to be held, strayed off into other fields and pastures new. When that paper was finished, in the reading, the chairman, as in all duty bound, called for remarks. For a moment or more no one seemed willing to “tackle” the thing, until a specialist member awoke, buttoned up his princelbert, cleared his throat, put his hands deep down into both pockets, arose in all his length, strength, and dignity, saying in words and figures about as follows:

Mr. Chairman: I have listened with deep interest to the excellent paper presented by our good friend and fellow-member, Dr. Mary Brown of Kadoshville, and I for one feel that something ought to be said about the many fine and scholarly points made by the essayist. I am hardly able to do justice to the admirable raw-shu-may presented, as I am no longer in general practice, as you all know; but still I appreciate the great study and research implied in the clear and lucid presentation of this difficult theme. It is handled with a directness and pellucidness that ought to make it a much-asked-for paper and bring it prominently before the profession of general medicine. It is a subject, as we all know, whose importance is measured only by the skill and adroitness of the author in her clear and able presentation and condensation and—er—er—[cough and spit] within the compass of a few pages of an essay. If this society could have more papers of this careful order; more papers prepared by the general practitioner; more papers along this trend of practical work; more papers by our younger members, there would be a better standing of the general practitioner in our societies; and there would soon be surcease of that cry about the dryness and unprofitableness of the medical society paper. I congratulate the society upon the possession of this most excellent paper; and I earnestly hope that it may not be lost in some distant journal, but be reproduced in pamphlet form for general distribution. It will prove an incentive to others of us to do as well, and each in his or her own way and time. I sincerely hope the author will be complimented by a free discussion

and not be permitted to feel that her efforts have fallen upon stony ground. I feel that it was good to be here during this meeting; and if I hear nothing else I shall not regret the expense and the time taken from my work.

and so forth, and so forth, to the end of the nauseating chapter of taffy and ridiculous nonsense.

Some few of the audience may not have seen through the transparent burlesque; but those who did were much amused, and wondered why the chairman could not find some rigid-Reed-rule for sitting on the speaker, who, although speaking for the better part of three or four minutes, largely and loudly interspersed with physical-culture gestures and high-school-girl rhetorical pauses, spoke never a word—or, at least, said nothing.

The whole fandango was a bid, a most offensively transparent one, of the specialist-speaker for the next fat operative case of the essayist, who had up to a recent moment sent her mechanical cases to a rival, much hated and more feared. After the paper was closed out, and something else, partaking less of burlesquerie, took the boards, this discussor quietly sidled over to the lady-doctor-essayist, shook hands with her, sank low and reposefully into a chair by her side, touched shoulders in a familiar way, and put several new planks on his specialty fence.

We look with expectancy to the advent of that backbony chairman, who seeing through this little pat-you-on-the-shoulder game, will find a satisfactory excuse for bringing down the hard side of his gavel and shut off this offensive bid for specialty practice. For truly your average specialist, if he be so minded, finds occasion enough for advertising himself, by means of pamphlets and reprints with grewsomely real portrayals by the engraver and photographer of horrible things found on or in the human family, without rubbing it in to the medical society composed in the main of general practitioners—who, the latter, are tightly and ethically bounden in relation to the exploiting of themselves and their practice with an eye single to the glory of No. 1.

If there be nothing praiseworthy or fight-worthy in any paper read, there is no need to occupy the time of the society with pretended heroics and—er—er—a-slops!

ENGLISH HOMEOPATHIC AGGRESSION.

IT is really becoming patent that our English homeopathic brethren are waking to the needs of the hour. It begins to look as if the visit of the American contingent, with its refreshing and vigorous ways of putting things, has infected the English homeopathic fold and given them a desire to do something aggressive and progressive in order to get out of the clutches of old-school supremacy. Several articles, editorially, have recently appeared in the two English homeopathic journals, which show the change of heart and trend, and point indubitably to an on-coming fight—not weakly with courteous tit-for-tat and refinements of language, but with sleeves rolled up, toe upon the line, eye upon the immediate neighborhood of the solar plexus, ready to do battle for homeopathy along the church-militant idea of Brer Dudgeon. There has been an overdeal of sanctity inculcated and imbibed for that hoary superstition,—that allopathic corporation,—the General Medical Council, which seems to have been carrying the homeopath in its hip-pocket; so that if he has not been smothered to death it has been only a tender of mercy from that powerful allopathic corporation.

What a surprise it would be to us Americans, and what a startling sight to the rest of the homeopathic world, to learn some fine morning that sufficient of political power had been evoked from the prominently paraded long list of Honorable Patrons and Patronesses of Homeopathy—reaching far up into the line of nobility—to give homeopathy a standing in England equal to that of his older rival the allopath. It would indeed be so sudden as to endanger the homeopathic circulation to learn that a Methodist or a Nonconformist, or a Baptist or a Quaker, had no longer to learn his lesson in an Episcopalian seminary or else be forbidden to preach or teach at all. In a country so famous for its actual freedom, whatever it may be in theory, with a Dudgeon still young and lusty and aggressive, with the scholarly Hughes, with Pope and Dyce-Brown, and Clarke and Knox-Shaw, and Ord and Hawkes, and Hayward and Goldsborough, and a long list of other eminent homeopaths, still in the active traces of the homeopathic car—cannot enough of strength be developed among the profession in England to carry on a concerted

forward and aggressive movement against the supremacy of old-schoolism, ultimately giving homeopathy an absolute recognition, and securing to it a legal standing?

It seems a pity that in that great and free country where every form of worship and practice is admitted and permitted, where there seems to be more political freedom than there is to be found in any other civilized community on God's footstool—it seems a pity that homeopathy must beg its way along the by-ways, and practice its medicine behind the arras and in a low voice, lest, if it become too successful, or too prominent, the allopathic General Medical Council may forbid its practicing at all. Are there no Talbotts and Dakes, and Lippes and Herings, and Wesselhoefts and Ludlams, and Pultes and Paines in free England, in fairplay-loving old England, who could by continued and concerted action and agitation in a practical way—not by communications to the several medical journals—but by beginning, like charity, at home with the members of Parliament or the other legislative bodies, as spoken of by Betts of Philadelphia while in London, show these men the unfairness, the absolute injustice of the present *régime* of old-school dogmatism?

Fancy what the American Institute of Homeopathy would do if it were in the place of the British Homeopathic Society. It certainly would not sit supinely and weakly by, with its finger in its mouth, while the allopath gobbled up all the medical pie. It would do something besides conferring honorary memberships upon distant and many of them unknown homeopaths and upon various flimsy pretexts; neither would it engage in turning down and trampling underfoot, on a technicality, honorable homeopaths who had in the heat of a medical craze erred mentally, but later, recanting, had asked for forgiveness and reinstatement.

The way to reform English homeopathy is to begin at home. First remove the beam from the eye of No. 1 before engaging to do the same service for the allopaths. So long as the English homeopath permits the General Medical Council to dictate to him his policy, how he shall walk or talk or think, just so long there will be no progress in English homeopathy. It would be eminently wise, too, to remove some of the red

tape which has been wound about the American diploma in England, notably by the homeopaths. Instead of persecuting a brother of the fold who preferred to get his medical degree from a *homeopathic* college in America rather than from an *allopathic* college in England, it would be more productive of cohesion and larger force, to extend to him the hand of fellowship, thus cementing the bond of friendship as against a common foe. Drop the tweedle-dee and tweedledum business from serious consideration!

Brothers Clarke and Dyce-Brown are rapidly forging to the front as earnest and aggressive disciples of the greater freedom for homeopaths in England. If the Right Hon. B. H. S. could spare a little time occasionally from its Great Ormond Street labors,—the conferring of honorary degrees upon foreign members, and in fighting home homeopathic members,—much might be done by it to put English homeopathy upon the same plane as occupied by it in America. It is a portentous task truly, but yet feasible. In England, as in America, the profession must look to the young man for help. The old have become established in opinion and practice and do not gladly break away. If any good is to come to homeopathy in England, it seems almost as if it must come from without. Still the evidence latterly given by their two journals, as said at the beginning, shows signs of reviving life and aggressiveness. Hurrah for the American idea in English homeopathy!

IS THIS HOW THE BENCHES ARE FILLED?

A FORMER professor and chief fiduciary officer of a (commercial, that is, not State-supported) homeopathic medical college, in recently addressing a legislative committee concerning the value of State-supported schools on the one hand, and commercial-medical colleges on the other, said: "One time I opened the safe [of his commercial-medical college] and took out from \$16,000 to \$19,000 worth of students' notes, absolutely worthless, representing what should have been students' fees." And in other ways did he, this ex-professor, give his former colleagues a bad "blackeye."

Is this, then, the secret of how so many of these commercial-medical colleges keep the wolf from the door, and the dust off the hard benches of the lecture room? And if this is considered the proper thing to do in order to have an annu-

ally augmenting class of students, to lend color to the ever-increasing prosperity of those schools, ought it to be permitted? Is not this one of the prime incentives for soliciting public and private donations to those schools—in order to tide over the otherwise inevitable breakdown unless these \$16,000 to \$19,000 of worthless notes are covered in some way? Does not this further suggest the advisability of having a State Medical College Examiner similar to the Insurance and Bank Examiner to determine, not the lie-ability, but the reliability of the public institution holding out such flattering prospects to the young and unwary? Is there no parallel in these cases? Is it not as important that a medical college shall be honest before it attempts to teach honesty, as it is for a bank or an insurance company to be honest? Is the one any more the custodian of honesty than the other?

There is not the slightest intention on our part to turn down a worthy man or woman, who, because of stress of circumstances, is not able to follow out his lifelong wish and inclination to study and practice medicine. THAT man or THAT woman should be helped; and for THAT person an endowment might clearly and properly be solicited and applied. But to go out into the woods and underbrush, with fife and drum,—*i. e.*, with walking delegates and advance agents, with cat's-paw students and suborned medical men, with college catalogues and other literature, printed in four colors and every language except that of truth, containing a large slice of OUR special wye-msea and clerical privileges,—and so round up and bring young men and women who are made to believe that to be an eminent gynecologist at \$213 per "clip," three or four times a week, is much easier picking (especially since the individual note will be taken for the fee) than hammering an anvil, or kicking a sewing machine, or pushing a jack-plane at \$1.50 per day—that, we say, is quite another thing. That is dishonesty! That means the sending out into the trusting public fold of a lot of men and women formally and clerically dubbed and created DOCTORS, who are not and never will be anything but cobblers and dishonest people, because, first, the medical trend is not in them, and couldn't be pounded into them with a steam hammer; and, second, because they got their tuition (?) for nothing and do not intend to pay any part of those \$16,000 to \$19,000 worth of students' notes.

Still these people *must* make a living. Having been taken from an honest mode of making an honest living, and given a foretaste of what might be in store for them, were they competent, they cannot consistently go back to the former, and now viewed as a degraded, form of work or

living. They must live in some way upon their profession (?). Does it require a diagram to understand that an incompetent, dishonest, "walk in" doctor, of either sex, will resort to that which will not only smirch the alma mater (which is no great concern, considering its precept and example), but will eventually reflect dishonor upon the medical profession as a whole? Is it not plain that this annual spring turning loose of a host of fledgling doctors, who paid nothing for their tuition, and who know nothing, but increases the patent-medicine consumption, thereby giving large opportunity to renegade and degenerate public men to sport their distinguished lineaments in the Saturday morning's paper? Turn some of these much-vaunted scientific instruments and devices, notably the Roentgen rays, upon the interior of the commercial-medical college management, and let the profession see if anything else sticks to the bones of that familiar hand except the gold ring of the owner.

THE MATERIA MEDICA CONFERENCE.

THIS body of Institute members held three interesting meetings preceding the regular Institute sessions. They were well attended and elicited much enthusiasm. To the members of other sections not specially interested in this department, but who were present in the building or in the exhibit departments, it caused much wonder why so much applauding was indulged in by these sections. This was occasioned by the eloquent defenses put up by the wheelhorses of Homeopathy—the unexpurgated kind which still holds sway among the great mass of homeopathic physicians—of this same kind of Homeopathy which had carried the school as a school for upward of a century. The opinions indulged in were as various as the number of the disputants. But out of it all came the OLD Homeopathy grand and resplendent, with its reputation untarnished. It is still doing business at the old stand. Fortunately the fire-eating disputants of Detroit were absent, so no oblique notices were possible of admission into the local press.

The questions propounded and expounded were the following, based upon the general Conference topic: "Methods of Purification of Our Materia Medica."

The first of these questions was answered by Dr. J. P. Sutherland of Boston: "Does Critical Analysis of Drug Provings by the Chart Method Mean too much Elimination?"

The second was by Dr. Eldridge C. Price of Baltimore.

"Is the Method of the Baltimore Investigation Club Qualified to Fulfill its Purposes?"

And the third by Dr. T. F. Allen of New York:

"Purification by Means of Comparisons with Normal Standards."

In the absence of Dr. Allen, Dr. Pemberton Dudley was elected to preside.

The consideration of the subject seemed to bear chiefly upon the question what in our Drug Pathogenesis shall be the relative position of those symptoms which have, and those which have not, been obtained by a number of experimenters.

At the close of the sessions of the Conference in a summing up the following consensus was adopted unanimously:

1st. It would be advantageous, and is, therefore, desirable, that those symptoms in our materia medica which have clearly demonstrated their pathogenetic origin, should be carefully distinguished.

2d. It is necessary and essential that those symptoms which do not as yet exhibit this quality of pathogenetic certainty, must, nevertheless, be retained in such form and relations as to be readily available to the practitioner.

The subject along which the Conference will work next year is "The Preparation of Works on Materia Medica best Adapted for Study."

It looks very much as if this Conference was built to stay with the Institute, and whatever complaint may come from other sections as to the voluminousness of the transactions by reason of the incorporation of the discussions and papers of this Conference, it is very evident that no change can very soon be made to deprive this important annex of the Institute of the publication of its labors.

THE AMERICAN HOMEOPATHIC O., O. & L. SOCIETY.

THIS society, which has been revived during the present meeting of the Institute at Buffalo, held four sessions preceding the Institute meeting, all of which were all attended, and abundantly established their reputation for being practical workmen in their line of specialty. Dr. A. B. Norton of New York presided as President, with Dr. E. J. Bissell of Rochester, Secretary, and Dr. Harold Wilson of Detroit as Treasurer. There was no session of this society which did not have a good and interested audience. At the first session there were present 87, of whom 60 were members. In the afternoon 65 were present, 30 being members. After tea 55 were present—estimated—as this meeting was had at the residence of Dr. F. Park Lewis during a reception—40 of whom were members. The second day in the last session 90 were in the

room, 62 of them members. So that there were about 70 members present, and between 40 and 50 visitors. May this wonderful attendance be regarded as an indication that something must be done by the Institute to "bunch" its work in some other way than as now scattering it over so many days,—some one of the sections being always in trouble because of no audience toward the close of the session? Dr. King of Washington was elected President; Thomas L. Shearer of Baltimore First Vice President; Howard Bellows of Boston Second Vice President, Dr. Helfrich of New York Secretary-Treasurer. The place of next meeting will be determined by the executive committee. Whatever may be said of the policy of dismembering the Institute, it is very evident that this society is a strong body of men, and should not be shunted about the programme, regardless of their wishes.

INSTITUTE ETCHINGS.

—A prettier and quieter place for the meeting of the Institute than the Church of Our Father and the annex of Unity Hall at Buffalo, it would be difficult to find.

—The receptions given first by Dr. F. Park Lewis and later by Dr. A. R. Wright to the Institute and its friends were both splendid social functions.

—The Institute, says Dr. Kellogg, would be out of debt and in a flourishing condition if it had not assumed burdens that it will find very hard to bear. It has an annual income of about six thousand dollars and about the same outgo. But it has subscribed a goodly sum to the Hahnemann Monument and another sum to the Cyclopaedia of Drug Pathogenesis Repertory, which is about ready to go to the printers.

—Of four hundred subscriptions made by the Institute for the Cyclopaedia of Drug Pathogenesis, only about one hundred and seventy-five have been taken. This new repertory will call for anywhere from fifteen hundred to two thousand dollars out of the Institute treasury. And so the sons must bear the pain of the iniquities of their fathers.

—Dr. Charles Mohr was present and took part several times in the discussions of the Materia Medica Conference. He was always sure of a good listening audience and an appreciative one too.

—The daily papers are doing us no harm; though up to this moment they have done us no special good. A good deal of head line literature and some little information below these. May get better later.

—There is no doubt that Buffalo has the finest bicycle pathways and the greatest number of macadamized streets of any city in which the Institute has been cast for years.

—One man says C. P. nitric acid is a most wonderful agent in his hands and in the noses of his children patients. And promptly another says it is one of the most dangerous chemicals that can be used. And the same as to chromic acid.

—Pemberton Dudley made a good presiding officer of the Materia Medica Conference during the absence of Dr. T. F. Allen.

—When the Hahnemann Monument Committee came to that part of its report wherein it spoke of the individual donations, it spoke of the five hundred and ten dollars contributed by one lady member—and everybody knew at once that that lady member is good Nancy Williams, and the audience broke into a song of applause.

—Dr. T. P. Wilson of Cleveland was elected the first honorary member of the American O., O. and L. Society at Buffalo. A good election.

—Dr. Wm. R. King of Washington is the new President of the American O., O. and L. Society, and Dr. Helfrich of New York, Secretary-Treasurer.

—Dr. T. G. Comstock is younger than ever; he hasn't looked so well in ten years as now.

—Martin Besemer with his son is present and dividing honors.

—The motto of Hahnemann over the speaker's desk in the Church of Our Father is "Similia Similibus Curantur." Sir?

—The most perfect arrangement of any local committee to date.

—The Meissen is doing some excellent work at this session in the way of making the ladies of the members acquainted with each other, and giving them entertainment.

—The badges of membership and visitors were very fine. What a vast improvement over the old blue label of former days.

—Dr. Custis made a wonderfully fine evening address. It had several great merits. The first of these was that it was short, and the last was like unto the first. It was short. But it was also pregnant with many valuable suggestions.

—The medical exhibit is in a tent all by itself near the place of the Institute meeting. Here are Mellins' Food, Leopold Hoff's Malt, the Londonderry Lithia waters, charged and uncharged, and other familiar preparations.

—Your Institute is a great leveler of persons as well as a great unifier of diverging opinions. Life is too short to carry enmity beyond the borders of one's immediate bailiwick.

—Every now and then when the discussion in a section has been drifting into mechanical ways for a little while some member will be found timorous enough to say that there ought to be more reliance placed upon the indicated remedy. Yes, indeed, you will find a great many homeopaths, even among the out-and-out specialists.

—Many of the doctors have brought their wheels, and each morning a brigade under the captaincy of some local committeeman takes them over several miles of the beautiful roads of this city.

—The O., O. & L. bureau, having in the main had its meeting before the Institute was called to order, became restive of the long interval to be overcome before the Institute bureau would be called, asked for and succeeded in having their Institute section put to the night of the second day, when clinical medicine and gynecology were also in session. Perhaps there will be some more complaint of the lack of an audience.

—Dr. Hiram L. Chase of Cambridgeport has been in the Institute fifty years.

—Dr. Burgher, who has not been in attendance upon Institute sessions for some years, is with us and taking a large part in seconding resolutions and doing other important work.

—President Custis has thus far shown the praiseworthy disposition to regard the times set down in the official programme as meaning just what they say. He calls to order as printed and closes in the same way. A second Daniel come to judgment.

—The Michigan Removers and Anti-removers are met together under the same roof again, but now arrayed in the habiliments of peace. No extra braces required to keep the roof from falling in.

—W. Alonzo Dewey says that is his name, and he looks as handsome as his name. We will go with him again when he goes to Paris, and see to it that he lets the red mill alone.

—Dr. McClelland is having a hard fight to keep his Monument Committee long enough before the Institute to get a vote or a subscription.

—Bushrod W. James reported his dealership from the International Homeopathic Congress as one of a committee of four to arrange for the proper honoring of the grave of Hahnemann at Paris.

—The revised or improved model of the Hahnemann Monument contains panels showing the faces of Dunham and Hering and other representative homeopaths.

—W. E. Green with his fiend notes is here and there and everywhere among the Institute membership, looking well and hearty and full of business.

—Dr. Hamilton F. Biggar of Cleveland is here, and so also are Drs. J. Kent Sanders and J. C. Wood. And still there is no sound of a patrol wagon being summoned by either of the two free telephones put into Unity Hall for the use of the Institute.

—The result of the election of officers of the American Institute of Homeopathy was announced as follows: President, A. R. Wright of Buffalo; Vice President, W. E. Green, Little Rock, Ark.; General Secretary, Dr. Eugene H. Porter, New York; Recording Secretary, Frank Kraft, Cleveland, O.; Treasurer, Dr. E. M. Kellogg, New York; Censor, Dr. Millie Chapman, Philadelphia.

Globules.

The use of *adrenal extract* in conditions of imperfect vascular tone, continues to show good results in the clinic of Dr. S. S. Cohen.

Here is a combination of names likely to impress itself on one's memory, Hudson's Food, made by the Hudson Co. of Hudson Street, New York. It's a food with unusual merit too. Any physician may receive free a sample for the asking.

In the treatment of *tuberculous diseases of joints*, Dr. H. Augustus Wilson teaches that in incipency one should always try to secure ankylosis, rather than to avert its occurrence. In so doing there will be an avoidance of the traumatism of motion, and ultimately a free, movable joint will more likely be obtained.

Dr. Young exhibited recently several cases of tetanoid paraplegia of cerebral origin. One was due to premature birth in the seventh month—a very common cause. Another was due to inflammation of the brain, following one of the exanthemata of childhood. The pathologic changes in these cases are interesting, because so little can be found of the original injury, the change being a descending generation of the cord. In one case, the ankle-clonus was particularly marked.

In a case of *empyema of the antrum* of long standing, Dr. Gibb of Philadelphia has secured

a satisfactory cure by making an artificial opening from the nose through the inferior meatus and flushing the cavity with a boric acid solution. While it is frequently advisable to keep the communication open by retaining the canula in position for a considerable time, he has been able to effect a cure in some cases without doing so when the pressure of the canula on the septum threatened to perforate that delicate structure. In some cases it is more prudent to enter the antrum through an alveolus, or through the canine fossa.

There is a good opportunity for a homeopathic physician in a field made vacant by removal. Information will be furnished by addressing Dr. Charles W. Haywood, Rush, Monroe Co., N. Y.

Hoax—I thought you said that man was a musician? Joax—Nonsense. "You certainly told me he wrote melodies." "I told you he was a composer of heirs. He manipulates soothing syrup."

The Hahnemann Emblem Co., of Rochester, Pa., has prepared a fine gold badge of 14-carat gold containing a representation of the McClelland Hahnemann monument, which is being sold for three dollars, the proceeds to be devoted to the monument fund. A very worthy purpose and a very worthy jewel.

Dr. M. Jay Brown of Salina, Kan., in a recent letter to this journal calls attention to the excellent quality of the climate and surroundings of his part of Kansas in which to spend a few weeks before going to the higher altitudes farther west. Correspond with Dr. Brown concerning this subject, and have him write you a full description of Salina and environs.

Bites of Bedbugs, Fleas, and Mosquitoes.—DRS. BROQU AND JACQUET.

R Ol. olive.....	20
Ung. styrac.....	25
Bals. Peru.....	5

Or,

R Naphthol 3.....	5-10
Ether sufficient to dissolve.	
Menthol	0.25-1
Vaseline	100

The "Reference Book of Practical Therapeutics," by Frank P. Foster, M. D., Editor of the *New York Medical Journal*, which has recently been issued by D. Appleton & Co., of New York City, contains an article of which the following is an excerpt, which we feel expresses the consensus of medical opinion as adduced by actual results: "Antikamnia is an American preparation that has come into extensive use as an analgetic and antipyretic. It is a white, crystalline, odorless powder, having a slightly

aromatic taste, soluble in hot water, almost insoluble in cold water, but more fully soluble in alcohol.

"As an antipyretic it acts rather more slowly than antipyrine or acetanilide, but efficiently, and it has the advantage of being free, or almost free, from any depressing effect on the heart. Some observers even think that it exerts a sustaining action on the circulation. As an analgesic it is characterized by promptness of action and freedom from the disagreeable effects of the narcotics. It has been much used, and with very favorable results, in neuralgia, influenza, and various nervous disorders characterized by melancholia. It is most conveniently given in the form of tablets."

At the recent meeting of the American Medical Publishers' Association, held in Philadelphia, the following officers were elected: President, Dr. Potter, *Buffalo Medical Journal*; First Vice President, H. L. Strong, *National Druggist*; Second Vice President, William T. Bartlett, *Hahnemannian Monthly*; Treasurer, J. S. Macdonald, Jr.; Secretary, Charles W. Fassett. Dr. I. N. Love, *Medical Mirror*, was added to the executive committee. Mr. Bartlett is the first representative of a homeopathic journal to be elected to office in this association.

Eligible Vaso-motor Stimulants and Blood-Builders.—In Arsenauro there exists in solution a combination of the bromides of arsenic and gold. Mercauro, a preparation of the same class, has in addition to gold and arsenic the bromide of mercury in solution. These solutions are blood-builders and blood-makers, valuable nerve tonics and vasomotor stimulants, and, in the experience of several, Mercauro has earned first place in the treatment of the later stages of syphilis, with its accompanying nerve tissue degeneration.

In therapeutics Bovinine, or Ox-Blood Preserved against fermentation, is pressing rapidly to the front ranks again. This is largely due to the failure of the whole caravan of so-called consumption cures. The blood treatment of phthisis, carried to scientific accuracy is embodied in Bovinine, and no treatment of this dread malady has given a higher per cent. of cures. But the local application of Bovinine in ulcers is just as potential. Containing as it does, unaltered white corpuscles, sprinkled on ulcers, it has no superior as a regenerator.

The American Homeopathist.

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NEW YORK, JULY 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



OSCAR HANSEN, M. D.,
Copenhagen, Denmark.

We are cast down and utterly dejected; we have lost one great subject for acrimonious discussion in these pages; for this Buffalo Local Committee of Arrangements carried out every promise which it had held out to the Institute for months and months.

Now if we can get the preacher element out of the schools and the "one woman" multiplied by several more in the faculties we will be indeed without material for further criticism, and may have to say something about homeopathy, which reminds us

That now we are requested by a resolution of the Institute to spell Homeopathy with a diphthong. It should be spelled with α ; we shall wire our printer to put in a new case of diphthongs and will steadfastly refuse to print any paper presented to us which is minus the diphthong in Homeopathy. Perhaps! Great is the resolution-maker. And our English friends, what will they say to that? Was it not they who made the innovation and threw out the diphthong?

The weather as well as the city was bright, cheerful, and clear. The bicyclers were in their element under the charge of some member of the committee, notably Dr. Martin, who rides one of the best wheels and saddles—always excepting our own. One afternoon some fifty of us under his wing went to Dr. McCrea's, where, on the veranda and on prayer-carpet spread upon the grass, we rested and partook of soft drinks.

Some of us, each morning, viewed this beautiful city from wheelback. And the way in which some of us were accoutered, being, as to stockings, crossed and barred like Malvolio, was a sight to behold. Stafford was always sent ahead to clear the track and frighten the dogs with his wild-geese attachment instead of bell. The ladies took many opportunities to ride with us. Some went as far as Niagara Falls, others only as far as Tonawanda. Roads in excellent condition.

The reception at the residence of Dr. and Mrs. Wright was a superb affair. Truly democratic in that the more timid ones who had no "claw-

IT was a success.

And in every possible way.

This includes the Local Committee's Arrangements.

Everything went along as merry as a marriage bell—outside of Chicago.

The American Institute of Homeopathy will not soon forget Buffalo, 1897.

No interference anywhere with the Institute's serious sessions: every chairman had his section in peace and plenty.

Yea, even the Section of Eyes and Ears came up smiling after moving their section but once, and then to a crowded evening.

hammer " coats, or hadn't got them out of their moth-ball environments, were told to come just as they were, without one plea. And all who went were satisfied. It was a reception which received.

And the reception given the officers of the Institute at the residence of Dr. J. T. Cook on Delaware Avenue on Monday, between the hours of one and three, will not soon be forgotten by the participants. It was an open house with all the cordiality and open-heartedness of the West. It was a "stag" party, women being sent away for the day to enjoy themselves elsewhere in the hands of the local committee. The residence is a handsome one with its many canvases and statuary; and the collation tasty and toothsome.

Wright was made president. There was no uncertainty about his majority. Many who had voted for Bailey "hated to throw down the old man." But Bailey had been put in the field so early in the year that, long before Wright was thought of, many pledges had been received for the little giant of the west. When, then, Wright entered the race it required some work to bring success for one of these two powerful favorites. For a time the chances seemed even. But Bailey has "no kick coming." He steps down and out of this campaign with clean hands and a warm heart. He is still a good and faithful member of the Institute. His canvass, so far as he took any part in it, was clean and wholesome. New York has that unhappy way of doing things. With no sarcasm as to Wright. New York usually comes down en masse, like an avalanche, when the meeting is in its own State and one of its brethren is in the field. It is but a repetition of history. Who has forgotten how S. H. Talcott was made president?

W. E. Green of Little Rock is first vice president. He is a great favorite, and ran well on his ticket. Hail to thee, Thane of Cawdor, or Cane of Thawdor, or whichever way it runs; just so it is hail, all hail to a hail-fellow well met. Now for some more green field notes.

It was a hot fight—for president. We fear that the Sabbath was not wholly given over to church service—not at the Iroquois, any way. And now McClelland wants to change the nomination day to the first day of the session and the election to the second day. Think of it! Well, he means well, but then? Take away the attraction of the election for the second week, and where will the Institute membership be? Some of the New Yorkers had gone home on Saturday, but, Lord bless you! here they are again to-day to vote. That's confraternity for you! How they do stick together! And each New Yorker paid his own freight. Are we

right? Afraid the McClelland motion will not move. Better leave it where it is. If members came to the Institute solely to attend the "serious" business of the Institute, of which the election of officers is not a "serious" part, then the having of the election on the second day might make no inroads upon the membership: that is, if they wouldn't fly off home at the close of it. But as it is, it does seriously dominate the sessions. To-morrow morning when the Institute reassembles mark the decimation! No, no! since we have lost our perennial plaint about the Local Committee of Arrangements swamping the Institute, let us at least preserve this little feature of excitement—the canvassing of candidates for president—with "smoker" accompaniments—for our delectation.

Omaha next year. A novel feature introduced by Gatchell was the reading, as secretary of the location committee, of the claims of each place and the *objections thereto*! How does that strike you? Cute, to say the least. But it was effective. Then each place had a champion before the Institute. The Institute was in pleasant mood that day—it laughed with Walton and mourned with Cowperthwaite. Walton said that the one sole Homeopath in Chattanooga unanimously invited the Institute to come to Lookout Mountain next year; while Cowperthwaite recalled the Institute to its sense of duty—the duty of attending to its duty. What are we here for, and where are we at? Over a thousand homeopaths reside in the Trans-Mississippi valley who are not members of the Institute, who need the help and encouragement of this great body of homeopaths. Shall they go unsatisfied, ahungered, and unfed of homeopathy in order that the Institute may have an annual junketing party instead of attending to its knitting as laid down in such and such Article of the Constitution and several other sections of the By-Laws in all such cases made and provided? No! Never! Anyway, when the ballot was taken, Omaha led; Chattanooga had sixteen votes, which the arch-humorist Walton declared was four hundred per cent. increase over what it was last year. So we go to Omaha next year.

The headquarters hotel didn't bite us at all, we went to a private house near the Institute hall and were well served. But what little we saw of the Iroquois caused us to think that several of the people there wished that the other faction had gone to Jericho or New Jersey. It was hotter than a baking-bee on a Saturday forenoon. The telegraphic instrument was kept busy clicking over New York State calling for Blücher or night. Instead of night it was Wright who came. And he is all

wright. But please don't put any more headquarters in a hotel, no matter how good or how great that hotel may be. Please also remember that there is a big lot of Institutites who cannot come to the meetings because of inability to pay four dollars a day, and who do not wish to advertise their culpable poverty by going to a cheaper place. That's human nature, you know—we are addressing the "claw-hammer"-coat and enamel-shoes crowd now. Just please remember, once more, the time when you couldn't very safely wear a short coat or turn your back upon your patients without embarrassment. And yet that broken-garmented young man is the man we want. We want to educate him. We want to find a Hering or a Dunham or a Dake in our younger medical folks. We want to "raise the standard" of the profession, and that means the young men. The old men don't need, because they are the ones doing the "raising."

Kinne is the young man eloquent of the Institute. One of the clearest and cleverest speakers of the Institute. Shrewder than a daown East Yankee. Upon everything that appertains to parliamentary practice as well as medical legislation. Just as sure as he gets up and addresses the chair in support or condemnation of a motion, that motion is saved or doomed. We have sat in the reporter's chair for very near ten years, and we have learned to know him and love him well. He possesses that other great merit of never advocating a wrong or a trivial cause. Who has forgotten his Memorial remarks at Newport. They were grand!

That reminds us to say that the Memorial service has also redeemed itself. The service at the Church of Our Father was a beautiful and impressive one. The remarks by James were apropos; and the eloquent tributes by Mitchell for the seniors, and by Runnels for the juniors, were touching and sweet. Runnels, especially, had a tribute to the immortality of the soul that would do honor to the best minister of the gospel in Buffalo; nay, even of Chicago. The singing was sweet and very affecting. One could not but feel that this was the way to honor our dead. The decorations of the church were bright and cheerful. So we take back our former remarks upon the decadence of this service and sincerely hope it may continue. Only one little change please, hereafter, Mr. new-appointee, whoever you may be: give us just a little more to the memory of the dead. A little more Hamlet in Hamlet. Fire more nearly at the mark and not quite so scatter-y.

There have been elected 136 new members to the Institute.

Dr. Porter was re-elected to the general secre-

taryship, and the recording secretary to his old place. Is it necessary to say that our youthful treasurer, the White Eagle Kellogg, again gave us that same speech which he says he had stereotyped thirty-one years ago. T. Franklin Smith also was returned to his place—and what a hiatus there would be should he ever drop out of it! There is only one possibility that may vacate that place. That this may not occur for many, many years to come we all of us pray, and Amen. Aldrich did not put in an appearance this year. Probably *that* obstetric case detained him. But he was remembered. He got the full vote for registrar. D. W. Horning attended to the duties of this place this year and has done it well. And the badge is still more beautiful than last year. It is of the same general form, but in the pin-bar is given the name of the officer, or, if a member, that only is shown. The ribbon still continues blue for the juniors and red for the seniors, while the officers have an additional bit of yellow added.

Mitchell craved a question of privilege, and when he got the floor he caned Dr. Hiram Chase of Boston, who had joined the Institute in 1847. It was his golden jubilee. It was pleasant and withal affecting to see the genial senior stammer and blush when he was handed the cane as a token of love and affection from his brethren, the seniors. The enthusiasm of the audience knew no bounds. It couldn't quite get through applauding. What a jolly, good-natured set of "boys," male and female, they have been all through the sessions of this Institute meet!

The MacLachlan four-day session was killed.

Speaking for the executive committee of whom we are which, so to speak, we must say that the programme was one of the best ordered we have ever seen. Everything has been provided for. Only the one bureau made a small kick and had their "eyes and ears" pushed forward from the second to the first week. Thus they sat the same night with Gynecology and Clinical Medicine and necessarily had none but their own specialty-loving audience. But in every other way the sessions have been unique in that no clashing has occurred. The hour of halfpast nine in the morning usually brings the clans, and for an hour the fur flies. Only on one occasion, so far, have the general sessions trodden upon the toes of the next coming section. The work is up to the moment of adjournment. Indeed the president informed this writer that we are getting ahead of our programme. How's that for progress?

The Meissen is busy all day long and half the night. Our wife tells us at night—we do not get a moment's chance to speak with her during the daylight hours—that there is no end of enter-

tainment provided for the visiting ladies and members of her sex. It is one round of receptions and drives and entertainments. The supply of good nature and good cheer seems simply inexhaustible. They agreed to raise one thousand dollars toward the Hahnemann Monument Fund.

And two of our faithful members were remembered by telegram. I. T. Talbot, sojourning in Rome, was represented by a letter to the Institute, giving general information of the progress of homeopathy in Africa and other points where he had been. We individually and editorially are glad to learn of his physical betterment. The Institute upon a unanimous motion directed the general secretary to cable to Dr. Talbot "our regrets, sympathies, and hopes: regret for his absence, sympathy for his infirmity, and hope for his recovery." And the same to Dr. R. B. Rush of Salem, O. Needless to add from the quotations above made that Kinne was the mover of that resolution. With Talbot and Helmuth and Allen absent, the Institute looks bare indeed.

No, sir, there were no preacher addresses for medical men "and one woman." On Saturday night a number of eminent board of health doctors, new and old school, addressed the Institute on the Sanitation of Buffalo, in which they were assisted by several of our own Institute members, and it proved a complete verification of our oft-repeated and written declaration that the profession of medicine is a learned profession, and asks no help, or should ask none, from the other learned professions. The addresses all through the Institute sessions were eminently well prepared and equally well delivered. With such orators as Kinne, Ludlam, Mitchell, Runnels, Dudley, James, McClelland, and many, many others whom we could name, let us stay in our own bailiwick and leave the cloth in possession of its field. On one night St. Clair Smith gave us the sanitary inspectors' definition of hygiene.

Wednesday, at about halfpast ten o'clock of the morning, the Fifty-fourth Session of the American Institute of Homeopathy adjourned *sine die*, to meet next year in Omaha. Resolutions were introduced thanking the local committee, the local people generally, and one to the president, for all kindnesses and courtesies received at their hands. President Custis, who has done well as the chairman throughout the meeting, was unable to speak his appreciation of the resolution; his voice stuck in his throat, and grew husky, and his eyes were very red.

Some queer combinations of people were in attendance. Some who would not speak to each other in their own towns met here and spoke. There was a very witchery in the air. The

surroundings were so peaceful—the church in which we met, the Unity hall, the lecture rooms all breathed peace and harmony, and possibly some of this kindheartedness may be taken home by these rival occupants of the same field in gynecology, in journalism, and in college location. It is a singular thing that the members of the Institute do not grow old. The hair slips back a little further toward the back of the head, and here and there the gray is coming in; but as to contour of face and body, as to vivacity, ability to stand up and talk it off, and get over the ground, there is no perceptible aging anywhere. There, for instance, are Millie Chapman and Nancy Williams. Not one day older than they were at Detroit. Just as spry and as happy as ten years ago. That reminds me to say, without her permission, that our dear good sister Nancy Williams has added a *little* more to her former contributions to the Hahnemann Monument Fund. Just a little. It is now one thousand dollars. Shame on you, gentlemen with large bank accounts and large practices, to let the pace be set by this good little woman! And you go about begging for subscriptions when you are able twenty times over to increase that paltry twenty-five or fifty dollars which stands opposite your name! The committee now has devised plans by which a monthly collection will be made, thus breaking up the large sum and making it easier to pay. Put your hands in your pockets, gentlemen of the Institute, and bring forth that subscription, and double what it was last year or the year before that.

Owing to a printer's mistake on the ballot the directions were to vote for but one vice president. The president tried to correct this in open session, but too late. The majority of the ballots had already been cast. So yesterday morning, under a special order, the election for second vice president took place with nominations, ballots, tellers, and counters. This resulted in the election of Dr. Charles Gatchell. Richard Allen was inclined to stand up for his rights on a misinterpretation of the Constitution, claiming that he was elected. The president decided that, as he had not received a majority of all the ballots cast, he was not elected. Dr. Allen would have made a better impression upon his fellow-member if he had not pushed this claim so sharply. It was unfortunate that the printer's mistake was not discovered in time: but that did not excuse the after-motions.

The Seven Wise Men of the West who gathered about the mahogany in Paris, as recorded in our letters from Europe, met in a broken circle at Buffalo. Besemer was there, so were Deuel and Dewey, but the others were absent. Friar Tuck is too much occupied just

at this time with his son's education ; Lord Dufferin has his young wife to see to ; the Greek Professor and the Allopathic Annex are busy with other important matters. But the few of us, together with Nancy Williams and Cornelia Stettler, fought over some of our experiences and were happy.

Price of Baltimore sent a series of resolutions to the legislative committee, having relation to the establishment of a School of Medical Inspectors of the United States, formed by delegates from each State, who were to investigate the standing of all graduates, the value and standing of the colleges, and eventually confer the diploma of the United States. This accomplished, then the graduate could practice medicine anywhere between the two oceans. The purport of this resolution was to do away with individual State boards, and the consequent legislating of one State against its neighbor. The resolution was well drawn, and while Dr. Price hardly anticipated a favorable action either in the committee or from the Institute—it was returned without recommendation—he was pleased to note the appreciation it received and the attention given to it by the Institute. It was referred to the committee on legislation for action at some future meeting.

Bushrod W. James in the closing hour voiced the grievance of the Sanitary Science section in that Gynecology took the time and audience of his section, by calling for and holding a third session of their section. The policy of the Institute is to give each section at least one session without another section sitting at the same time. Who authorized the Gynecological section to hold a third session, any way ? Did the Executive Committee ? We are of the committee and know of no such request. It isn't fair, gentlemen of the speculum, and you ought to consider the rights of others.

On Tuesday afternoon the Institute, despite the rain, which that morning set in, went to Niagara *via* boat, Canadian and American trolley and steam cars. The trip was an enjoyable one, notwithstanding the inclement weather.

Taken all in all, the meeting was a great success. The sessions were harmonious. The work was well done, the constitution and by-laws not very seriously altered and amended, the work was kept up to the minute of announcement, there was no interference by the local committee ; no friction, except as between the presidential candidates until the election took place ; and the crowding in of the Gynecological bureau on the Sanitary Science time. There were many of the old-time members in attendance. Korndoerfer, the mystic, with his gold watch does not often attend, but he was

there this time, and so was Mohr of Philadelphia, and Clarence Bartlett. Van Lennep was applauded when he appeared to read his paper. Amelia Burroughs was a striking figure throughout the sessions. Walcott was there and so was Shears as well as Shearer. Shannon and Walker of Denver, McElwee and Comstock of St. Louis ; Pierson, Stafford, Ludlam, Cobb, Gatchell of Chicago ; Clokey and Coon of Louisville ; Rumsey, Price, King of Baltimore ; Norton, Helmuth, Jr., Biggar, Wood, Kent, Sanders, Baxter of Cleveland ; MacLachlan, Dewey, Copeland, Sterling of Detroit ; everybody seemed bent on making the Institute session a grand success, and we believe it was. With thanks to our Buffalo brethren.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Oleander Poisoning.¹²—A boy in perfect health, four years of age, put a broken oleander leaf into his mouth but quickly spit it out again. In a few minutes the tongue became red and raw where the oleander came in contact with it. The patch affected was about one-half by one inch in extent, involving the side and a portion of the upper surface of the tongue, and had the appearance of being denuded of mucous membrane.

One year later the patch remained the same, being altered in neither size nor appearance. The child, however, had all the time been perfectly well.

Ten months after the occurrence a general roughness of the skin had developed, and a papulo-pustular eruption had appeared on the ankles and calves of both extremities.

Could so transient and apparently light contact of that broken oleander leaf have produced these conditions ? Allen and Cowperthwaite describe such skin symptoms as arising from oleander but not that condition of the tongue.

"**Primula Obconica**," POISONING BY THE.—Dr. J. H. Neale³⁷ makes the following observation : On April 9, 1896, Mrs. W., a young married lady, consulted me for a rash which had suddenly appeared the day before on her face and hands, "which itched and burned intensely."

On the face the eruption was urticarial, but the blotches were too confluent; while on the hands, especially between the fingers, it was suggestive of scabies. I suspected some local irritant, and finding that the soap used was not irritating I described as carefully as I could the flowers of the *P. obconica*, but she denied having handled any. Under a topical soothing application the face was soon better and desquamating, but the hands became intensely painful. On the dorsal aspect the spots had turned to purple blotches, while the whole palmar surface of hands and fingers had become stiff and unusable. Two days later the face was comparatively well, the blotches on the dorsal aspect of hands and fingers fading, but there was evidence of deep-seated blisters forming at the tip of each finger and above and below each phalangeal flexure. To make sure I smartly pricked the tip of one finger and a bead of clear fluid escaped. I ordered the patient to macerate her hands thrice daily for ten minutes at a time in rectified spirit (to which was added a fair proportion of tincture of belladonna), and then to swathe them in lint soaked in glycerin and covered with oil silk, relying upon the hygroscopic properties of the spirit and glycerin and the possible action of the belladonna as an anodyne. The result fully justified the experiment. A few days later she told me that "her hands were nearly well," and she "could bend her fingers." The first thing that attracted my attention as I entered her room was the presence of three fine blooms of the *P. obconica* among other flowers on the table. On pointing out that these were the very flowers I had been looking for and asking about, she told me she had gathered them the day before in the conservatory, and on going there I found eight fine plants, some in full bloom, which she had been in the habit of watering, etc. That they had not bloomed on April 9, when the rash appeared, opens out a fair field for research as to the properties of the several parts of this pretty but obnoxious plant.

Jacaranda.—Dr. J. S. Whittinghill⁹³⁸ has determined upon morning soreness and stiffness of the muscles as the guide in prescribing jacaranda in four cases. Its first trial was given a patient suffering as follows: She had had rheumatism for about ten years—never became

serious. Sometimes she was nearly relieved from it; again lost much rest and sleep from it. Her wrist would become painful and very weak from ordinary labor. She always suffered very much in the morning upon any motion, and complained of being stiff. Had to have assistance in dressing. Upon sudden motion, sensation in the muscles as of tearing and being bruised—even painful upon pressure.

I gave her different remedies as they seemed to be indicated, with no results toward removing the trouble. I thought there could be nothing lost by trying jacaranda. It met with decided success. She was entirely relieved of muscular pains in a few days. Had the recurrence of some symptoms in about six weeks after; tried jacaranda again with the same decided success. Some eight weeks have elapsed since, with no recurrence of muscular pains.

Acetanilid Poisoning IN a NEWBORN INFANT.—Dr. Irving M. Snow³⁸ read an account of such a case. The child was healthy and born by a natural labor. On the seventh day the navel wound was dusted with crystals of acetanilid. Two days later the child became livid, apathetic, very blue, as in asphyxia. The pulse was very rapid; respiration, sixty; temperature, 99° F. The lungs were clear and heart valves normal. The mind seemed clear and the pupils normal. Digitalis and oxygen were given, but the rally was slow. Jaundice came on later. The stools and urine were normal. The loss of weight was fourteen per cent. in two days. Eight cases are now reported, in one of which the patient died when four days old. The frequency with which acetanilid is used by surgeons must make us watchful. It is unsafe for infants.

"Snow on the Mountain," DERMATITIS VENENATA FROM.—Dr. George T. Jackson⁹³⁹ narrates a case of poisoning by this usually considered harmless plant, whose botanical name is *euphorbia marginata*. The patient was very susceptible to drugs of all sorts, and had been frequently poisoned by poison ivy and dogwood. Contact with these plants had not occurred at the time described.

A neighbor presented to the patient a bunch of snow-on-the-mountain, which she put in water and set on the mantel shelf.

During the day, which was cool, a fire was burning on the hearth, before which the patient sat. She became warm and sweated freely. The next day her face felt hot and uncomfortable, and soon began to swell. From then on the swelling, redness, and vesiculation steadily increased. The eyes were closed, and the patient felt so ill that she thought of the possibility of erysipelas. Shortly after the face became swollen the same dermatitis showed itself on the hands and ankles, the swelling of the hands being so great that they could not be used, while the feet became so painful as to render walking difficult. The inflammation was at its height in about four days, and then subsided, but it was several weeks before the skin returned to its normal condition.

The patient asserts that there was far more pain associated with this form of dermatitis than with that due to rhus poisoning, and that the swelling and vesiculation were the worst she had ever experienced.

Ceanothus FOR ENLARGED SPLEEN WITH CARDIAC SYMPTOMS.—Majumdar⁹³⁹ was consulted for supposed heart disease by a young man. Examination of the organ gave no results.

On further inquiry, I learned that the man remained in a most malarious place for five years, during which he had been suffering off and on from intermittent fever. I percussed the abdomen and found an enormously enlarged and indurated spleen, reaching beyond the navel and pushing up the thoracic viscera.

The patient complained of palpitation of heart, dyspnœa, especially on ascending steps and walking fast. I thought from these symptoms his former medical advisers concluded heart disease. In my mind, they seemed to be resulted from enlarged spleen.

On that very day I gave him six powders of *Ceanothus* Amer. 3x, one dose morning and evening. Improvement was immediate, and *sac. lac* was given.

Reported further improvement; the same powders of *sac. lac* twice. To my astonishment I found spleen much reduced in size and softer than before; I knew nothing about this patient for some time. Only recently I saw him a perfect picture of sound health. He

informed me that the same powders were sufficient to set him right. He gained health; no sign of enlarged spleen left.

Rano Bufo IN EPILEPSY.—Majumdar⁹³⁹ also gives the history of a young boy, aged about sixteen, who had attacks of epileptic fits since the earliest days of his life. He cannot say from how long he had that enemy with him. He came under my treatment in the month of April, 1880. I tried several remedies without much benefit. At last I was told that from his early boyhood he used to indulge in the habit of masturbation. His aura appeared from his stomach, as he said, and the convulsion gradually took the shape of a regular epileptic attack. I decided upon giving *rano bufo* a trial, and 6th decimal potency of the remedy was administered morning and evening. The fits disappeared after a week's taking of the remedy and did not appear since then. The boy was perfectly cured.

"CAUSE OF THE RHEUMATIC DIATHESIS."

By Dr. L. C. McELWEE, St. Louis, Mo.

IN the search for that *ignis fatuus*, the cause of the rheumatic diathesis, the pilgrim (as well as he who is afflicted with the disease proper) has a rough and rugged road to travel. It is beset with difficulties to the inquirer, and dangers to the sufferer. In the midst of all their trials, however, they should bear in mind the final end to be attained by the determination of the ultimate reason of this particular diathesis—the accomplishment of the cure of the developed disease.

The dictionaries define a diathesis to be "a certain natural state or constitution of the body by which a person is predisposed to a certain particular disease." Should we limit our consideration to the condition as thus defined, it is obvious that the search for a cause should be prenatal and would lead us through the dead room to the dissecting table, and then finally into the still, narrow house, six feet due east and west, and six feet perpendicular. We naturally incline, therefore, to a definition more susceptible to our purposes or convenience, so we think "diathesis," in the sense it is here used, should be synonymous with susceptibility, as is suggested by the essayist. This being the case, it will

be readily concluded that diathesis may be either hereditary or acquired. Regarding the former cause, it may be said that there is no law which has been more certainly demonstrated than that "all cells inherit and propagate the attributes of their parent cells." This was first strongly insisted upon by Virchow, we believe, and was later proven by Darwin and enunciated by him in what he was pleased to term "The Reversion of Type." That is to say that, without a constant unremitting effort, any given crossed species will quickly revert to one or the other of its parent types. Heredity, therefore, would seem to be, perhaps, the strongest factor in the production of that "Habit of body"—another definition of diathesis—which will allow the development of the rheumatic attack. But, in turn, that must have a beginning somewhere, and it would be manifestly unfair to Adam to trace all our present evils to him. They might be too attenuated. We found, at setting out, that this diathesis could be acquired. Once acquired, transmission is easy, nay certain, after its impress has been well fixed upon the system of one who afterward becomes a parent. But how may it be acquired, if you please? There's the rub. Pathologists of the present day, in books and societies, for uniformity's sake declare that it is due to a germ. Strumpel says so without equivocation.

Osler inclines to that view, but indulges in a politic "straddle" in giving his own individual opinion. Gould thinks with Sahli that "it is a mild form of septicæmia," and adduces cases where rheumatic fever followed a wound in which there were many diplococci. Buss and Ruos think it is often superinduced by an attack of tonsillitis, and cite many cases. Newholmes thinks it is of specific, *i. e.*, germal origin, due to the *zymotosis translucens* of Salisbury, while the German school of pathologists as a unit assert that it is due to a microbic cause, at the same time stating that the specific germ has not as yet been isolated. Beckman, however, inclines to the view that it is the *staphylococcus pyogens aureus*. As this germ is plentiful in and about the body at all times, the wonder would be why not rheumatism all the time. He answers that the alkalinity of the blood and principal secretions afford a protection against,

or an immunity from, its attacks, and states that the peculiar acid condition of the fluids or secretions of the body, resulting from an attack of rheumatic fever, removes this immunity and the attack is therefore possible.

The question naturally arises how so stupendous an edifice of diseased condition could be erected without the aid of tissue change. We are informed by Hahnemann, however, that there is such a thing as dynamic disturbance. This in turn renders the system vulnerable to attacks of diseases to which, before such change, it would have been immune. The dynamic change would account for the formation of the excess of acid or lack of its elimination, the migration of the tissue involvement (though that is often influenced by the excessive use of the affected joint), and the resultant transmissible diathesis. That this diathesis is not caused by lactic acid, as was claimed by Richardson, or lithic acid, or uric acid, or any other one substance, seems to be apparent. Moreover, we have in our own *Materia Medica* at least a dozen remedies in whose pathogenesis we find all the symptoms of the full-blown rheumatic fever, complications and all.

We are taught that these remedies provoke the condition and might easily, therefore, be considered a possible factor in the causation of the diathesis under consideration. Climate is an important and prime factor in inducing attacks of the disease, and we opine that almost any given attack is caused by a combination of circumstances, rather than by any single one, one attack predisposing to another, which in turn amounts to a diathesis that is transmissible and is transmitted.

RHEUMATIC DIATHESIS: SYMPTOMATOLOGY.*

By PHOEBE J. B. WAITE, M. D., New York.

SYMPTOMS tell the story to us as well as to our criticising friends of the other school; and from these conclusions are drawn and a diagnosis made. But after this the two schools travel widely divergent paths. With the old-school symptoms carry them into the labyrinth of pathology from whence no traveler returns,

* Abstract of a paper presented to the Section in Pediatrics, American Institute of Homeopathy, Buffalo, 1897.

while the homeopath is safely guided into the strait gate of therapeutics, and so back to the green pastures of health. This constitutes that mystery which they know not, and is the marvel of the law by which we prescribe. Therefore give us symptoms, not alone the marked ones, such "as they who run may read," but any little point, however obscure, so long as it throws a ray of light upon our case.

Is a rheumatic diathesis hereditary? I have taken some pains to find proofs of the oft-repeated assertion that "children born of mothers who suffered from rheumatism during gestation are more liable to the disease than others," without being able to prove the assertion. To produce long lines of statistics showing that rheumatism has existed in other members of the same family as far back as the grandparents proves nothing; certainly not any more than if the same assertion were made regarding whooping cough or measles. Children who are tenderly reared and daintily fed seem to be peculiarly liable to the disease.

Rheumatism in the child, moreover, resolves itself into peri- and endo-carditis, these sometimes being the first symptoms acquainting the physician with the fact that rheumatism has been silently invading the child's system. Unfortunately the heart does not give this note of warning until it is hopelessly affected, because the fibrous structures of the valves are first involved, and secondarily the endocardium, by which the friction sounds are produced; so that the disease may have been long in possession before it was discovered. Mumps, dysentery, and typhoid fever may have rheumatism for a sequel, while Murchison records that he has found it following relapsing fever. Syphilitic children are prone to this all-invading disease of rheumatism. While the heart in children is more prone to be attacked sooner or later, yet few escape swollen joints and other articular troubles; but in a paper upon symptomatology we must not forget that, while rheumatism is a disease, arthritic nodosities and deformities are only symptoms. In other words: "Rheumatism is a disease, arthritis only a symptom."

In children we find more than in adults generally the absence of acid sweats and the presence of cutaneous erythema and subcutaneous nodules,

while unlike other infantile or childhood diseases, the temperature range is given by all writers who have made a study of the disease as considerably lower than in adults. Unless the pericardium is attacked, the temperature rarely exceeds 100° F. The child's heart never escapes the inroads of the disease. Children are more prone to show the onset of the trouble with a sore throat. And this condition of affairs is more liable in the female than the male.

While assuming that chorea and rheumatism are manifestations of the same toxic principle, still in chorea the joints escape entirely, while the heart is attacked, and chorea, like endocarditis, may be the earliest manifestation of rheumatism. Because of acute rheumatism being ushered in by a chill it is often associated with low marshy grounds, which are breeders of malaria, under which conditions it is described as having marked periodicity, when also the usual anti-periodics are abundantly employed.

No child is too young to develop rheumatism. We have seen it in the young infant, and read of it in those only a few days old. Pallor is marked, showing poverty of red-blood corpuscles. The apparent cause for an attack most frequent in children is catching cold, while in older people it is exhausting exercise or labor, in connection with cold. The parts chiefly involved are joints, muscles, and heart, and the disease is likely to occur over and over again, each time leaving more serious inroads. Urine shows acid reaction, with urates and oxalates causing turbidity.

In brief: Chill, fever, pain localized, often redness of parts, enlargement of joints, dyspnoea, heart murmurs, cardiac hypertrophy, œdema or puffiness about the face and eyes, secondary nephritis, œdema of lower extremities, albuminuria, general anasarca, and—the curtain falls.

Michigan has recently by law legalized the practice of "osteopathy."

The Color of Milk.—Dr. Hirst.—In cases of malnutrition of infants, the color of the mother's milk is absolutely of no value in determining its quality. Rich milk may be very blue and poor milk is often yellowish.

HERE AND HEREAFTER.—MEMORIAL ADDRESS.*

By O. S. RUNNELS, A. M., M. D., Indianapolis.

OUR teachings are yet too primary to enable us to divest ourselves of intellectual thralldom. The habit of thought prevalent about us constitutes the mental environment to which we must in some measure conform. Especially binding and insistent is mental domination when thoughts have had an historic trend, leading even to ages without record. It is under such circumstances impossible to escape entirely the payment of tribute to them. For this reason we are still in bondage to ancient thoughts about death and are forced to conform in dress and manner—in crape and lamentation—to customs prevalent among primitive peoples since the dawn of history.

That surviving members of a family or association should carry deep heart-inscriptions of their departed, and should bear them ever in tender remembrance, is a tribute to the best there is in human nature. It is an inspiration and measure of soul-growth for men to recall appreciatively the beautiful traits of character, the sterling virtues and helpful services of the ones now gone. It is an inestimable acquisition when memory thus runs like a golden thread through the warp and woof of the survivor's experiences, rendering richer and more beautiful his life-pattern. That affection bereft should enthrone the image of the departed; should surround it with the costliest of mental gems; should see about it ever an aureola of brightest radiance and should even in a measure apotheosize it, is right and of greatest value. Certainly it is attended with no ill to us if the best traits of the one who has "crossed the bar" are separated from the dross of life and made to appear in utmost refinement; if the good of that life is extolled and magnified to the highest power—even if the departed one is exalted to saintship and deification. For every human life is in some degree divine and has in it reflections from that brightest of all luminaries, Eternal Love. It is an image of God himself, however broken and deformed. It is not sacrilegious, therefore,

to hold such a memory in highest regard and even in a sense to worship it, for it serves as the life-ideal and is the fullest outline obtainable of the possibilities of earthly attainment.

But while we accord to memory free scope and encouragement in this regard, we should rigidly endeavor to divorce it from the shackles inherited from a long, dark past; from the incubi deeded to it by its barbarian and non-christianized predecessors. We should strive to emancipate the life that still is from the paralysis of its grief and from the depths of its woe. We should, by safe teaching and continent reasoning, lead the human mind away from some of the thoughts of death that now hold it in thrall, interfere with its serenity, and destroy its influence and productivity.

The picture of the voluntary cremation of the widow of the Ganges upon the funeral pyre of her husband etched itself upon my early imagination, and I have never been able to erase it or to advocate any resemblance of its folly. The trappings of woe still prevalent among us, the unwritten social demand that the recently bereaved shall go into more or less seclusion and abstain from useful work, and that the dress and even the stationery shall bear indications of the heart-state, is but the survival and exhibition of the customs of the ages before Christ and of contemporaneous peoples still in the shadow of darkness. It is all in contravention of the spirit of Christian teaching and is subversive of spiritual good. It is regardless, also, of the conclusions forced upon us daily by the advances of knowledge in all departments. It is a figment of unbelief that should disappear from our civilization.

I do not come to sermonize concerning the tenets of Christianity relative to death and the life beyond it; or to restate the scriptural belief that has sustained mankind in the thought of immortality. This is already common possession and should be sufficient to lead us all into that peace and fearlessness of mind, that trustful and even happy contemplation of the change called death, that is so desirable. I shall be content if, in the brief time allotted me in this service, I can assist in the more general acquisition of this state of trust and mental quietude; if I can bring a few supplementary thoughts from

* Read at the Am. Inst. of Hom., Buffalo, N. Y., June 27, 1897.

the book of nature to help the affirmative of the greatest of questions: "Shall we live again?" And while, from the nature of the case, this affirmative cannot be proven with all the certainty of a mathematical problem, the physical evidences are so suggestive, the logic of the argument is so forceful, as to necessitate the strongest belief in its certainty.

Astronomers in search of the must-be Neptune were assured by the evidences of terrestrial perturbations that the planet existed. The later discovery only made the logical sequence complete.

Every advance of physical science proves that life itself is in the spirit; that all that we can see of changing form and animate substance is but the exhibition of that unknowable force we call life; and that this precedes all organization. First upon the scene of what we may call individual creation is the living voice, calling upon this and that substance to take place in its body structure; is the architect at the building, ordering this stone to its corner and that beam to its center. But there is never any such thing as the production of materials out of nothing. The man finds what he wants upon the ground, and simply makes use of them, arranging all according to his needs and sense of beauty. The argument is not marred by the fact that this builder is in a sense an intellectual apprentice and that he works in vast stretches of his operations without conscious direction of his human brain; that his entire functional activity, from the time of his inception till his final disappearance in death—*i. e.*, through gestation, cradlehood, manhood, and senility, whether sleeping or waking—seems to be without direction of the mental *ego*. It is clear, however, that he is working under orders of the Master Builder and that every execution is perfect. It is clear, also, that our present mental machinery is too crude and cumbersome, our intellectual acquirements are too rudimentary, to compass all the steps of this operation or to enable us to become at all adequately acquainted with the operator. We can in no sense measure his power or get possession of his deep secrets. He answers "present" at every roll-call and impresses us unmistakably in a thousand ways. It is indisputable that he is here and that he has illimitable and

immeasurable attributes. We call him a soul, but whence he came or whither he goes are unanswerable questions. We know though, by birth-pang and every evidence of sense, that he exists and that he is a fact.

This is the important thing, inasmuch as the argument for his immortality all hinges upon this fact of his being—upon his identity as an individual force. If this is once settled beyond the reach of appeal, we can proceed to consider him as an entity—a thing. And now every resource of reason, as elaborated in the workhouse of nature, comes to the rescue. The ultimate thing is inextinguishable and cannot be put out. You cannot quench it; you cannot destroy it; you cannot deprive it of any of its characteristics. It has an identity eternally fixed, by which it shall be known anywhere in the universe.

This is true on all the lower planes of force-exhibition. No crucible can eliminate gold. It is beyond all destructive agency. And the same is true of all elementary substances. They are here to stay. They are a part of the universe. The spectrum finds them in the distant star.

The same is true in the vegetable world. The force that inheres in every variety of plant is individual and persistent. It can be depended upon to elaborate its characteristics under all circumstances. The active principle of it, even when bottled and used as a medicine, forever retains its individuality and cannot be dissipated.

"Flower in the crannied wall,
I pluck you out of the crannies,
I hold you here, root and all, in my hand,
Little flower—but if I could understand
What you are, root and all, and all in all,
I should know what God and man is."

—TENNYSON.

The analogy holds, also, with regard to all the imponderable forces with which we are in any measure acquainted. No one of them has ever been lost. Each one not only keeps its place in the category of things, but grows and expands in our conception by every advance of knowledge. Each has its sphere or special plane of operation, but at the same time has general relationship and is a necessary part of a complete whole. The world, the universe, could not go on if any one of them were by any possibility rendered extinct.

Electricity is the nearest analogue, has the closest agreement or correspondence in many of its attributes, to the thing we call life of anything conceivable. Yet, from the days of Franklin's kite to the present time, there has never been any suggestion or intimation of its ultimate death. Every schoolboy and amateur, every Edison and Tesla, has added to our knowledge of it until its domain has become vast. We all feel, however, that we have as yet barely acquired its alphabet and that it has an illimitable future. Can you conceive of a universe devoid of electricity? Do you suppose that any of God's forces shall ever evanesce and become obsolete?

The thing we call life, soul, mind, spirit, is, upon its lowest plane, just as realizable, just as tangible, and just as operable as any force in nature. It has all the elements of objectivity, of actuality, of reality, possessed by any of the principles in God's use. That it has all these plus intelligence, love, mercy, prudence, foresight, and creative ability—attributes possessed by none other than Deity himself—is, certainly, proof enough that it has its name upon the list of the things imperishable, and that it shall go on living. Is it likely that the very highest work of God's hand shall prove to be an abortion, or, as the lawyers say, become null and void? Have we not a right to the logical conclusion that the analogy shall hold and that the soul, too, shall be indestructible and inextinguishable?

In addition to all this there is another factor in the equation to be reckoned with; another part of the problem which must always be taken into account. There is an organic demand for an hereafter.

In the language of Shakspeare

"I have immortal longings in me."

And this led Lowell to suggest that,

"Perhaps the Longing to be so
Helps make the soul immortal."

Intuition and instinct, the longing desire for an unpossessed object—even the dim uncertainty of a future acquisition—are all evidences of a positive character and give an undeniable forecast of a realizable thing. Whether it be the guiding force of the carrier-pigeon upon its

homeward flight, or the untaught gropings and yearnings of an unsatisfied human soul for unending existence in realms of brighter light and more perfect knowledge, the implication is the same: they are certainly indices of common import that tell not only of the possible but the probable—even of that which is to be.

That we shall go on living after death is the universal prayer of mankind. That we may be accorded opportunity to complete that of which this life is at best but a fragment, is the utmost desire of every soul. And this, I repeat, counts for a great deal. For wherever in the process of evolution nature has expressed a want it has been granted. No creative need has ever been unheeded; no prayer of nature has ever gone unanswered. Growth has always been in accordance with need and inclination; and every step has been a development into larger amplitude and greater perfection. Clumsiness, grossness, and ill-adaptation have given way to the demands of beauty and use; and every transformation has come in response to long-felt desire. All rudimentary forms of life are full of the hint and suggestion of the future organism; and the testimony of the human embryo is the history of man's ascent. Whenever a new organ has been wanted it has in the fullness of time come; and specialization has been, from the first, the order of the day. That the various organs of the human body have community-interests and had common origin in the germinal layers of the metazoic embryo is proven by the readiness with which they assume vicarious function and exhibit direct sympathy under all physical stress. That they have come one after another, in order of procession, is shown by the lagging presence of obsolete organs and parts of anatomy no longer in use, such as the almost extinct muscles of the ear, and the appendix vermiformis, to-day so much in evidence.

After long, blind gropings, for instance, the prayer for light was heard. The integumentary phosphorescence of the paleozoic animal slowly evolved into something more definite. The nerve-filaments, expanded upon the surface of the investing membrane, became more and more sensitive to light at given points. By the continued irritation of light-waves this sensitiveness grew; this susceptibility to light developed and

the germ of the eye was established. Up through the infinite ages and on through infinite changes, little by little through use and demand, the eyes that we have, with all their range and power, have been developed and perfected. It has taken eons of time but the prayer for light has been answered, the window for the soul has been accorded.

It will not be necessary to multiply instances of which this is a fit example. Everywhere in our physical life are answers and proofs to the validity of the promise given only yesterday in the ratings of Cosmos, by Him "who spake as never man spake": "Ask and ye shall receive; seek and ye shall find; knock and it shall be opened unto you."

We are brought to the contemplation of this subject by the facts announced by our necrologist that during the year just passed fifteen of our number, men and women, have ceased to labor and have gone into silence.* We gather here to recall their serviceable deeds; to dwell upon their traits of good-fellowship and love; and to wish longingly that we may sometime, somewhere, have opportunity to rejoin them, to know them more intimately, and to advance with them in the pursuits of knowledge and helpful service. We are not here to give vent to unappeasable grief, to succumb to paralysis of woe, or to mourn as "those without hope."

* 1844. Joseph C. Boardman, M. D., Trenton, N. J., July 1, 1896.

1846. Lewis Hallock, M. D., New York, N. Y., March 3, 1897.

1867. Joseph Ralsey White, M. D., Rochester, N. Y., March 5, 1897.

1869. Chas. G. Raue, M. D., Philadelphia, Pa., August, 1896.

1871. N. W. Kneass, M. D., Baltimore, Md., November 25, 1896.

1880. Adam Given, M. D., Louisville, Ky., September, 1896.

1881. Lumen Boyden Parkhurst, M. D., Allston, Mass., November, 1896.

1881. Julia C. Jump, M. D., Oberlin, O., March 15, 1897.

1888. J. Randolph Holcombe, M. D., Philadelphia, Pa., December, 1896.

1888. Edw. P. Strunk, M. D., Brewster, N. Y., March 12, 1897.

1890. Joseph Rhodes, M. D., San Diego, Cal., December, 1896.

1890. Wesley A. Dunn, M. D., Chicago, Ill., March 20, 1897.

1891. Ann E. Churchill, M. D., Monroe, Wis.

1893. Wm. H. Burt, M. D., Chicago, Ill., January 29, 1897.

1891. James C. Gannett, M. D., Yarmouth, Me., April 4, 1897.

While we realize the loss, to ourselves and our cause, of these who have wrought with us in this work of life, we recognize the gains that have come to us through their efforts and we appreciate the strength acquired for the better performance of that which has been left for us to do, through our memories of them. We cannot believe that any calamity has befallen them; or that they have sustained any loss in this event of their experiences. We believe that the same "canopy of love" is over them wherever they now are as was over them here; that they "cannot be where God is not on any sea or shore"; and that the Power that so kindly brought them into the earth-life and nurtured them here is the Reigning Power in every domain of things, either visible or invisible.

"I know not where His islands lift
Their fronded palms in air.
I only know they cannot drift
Beyond his love and care."

With these thoughts and many others I shall nurture further my longing for immortality. I shall continue to yearn for the revelation to my consciousness of all that I now desire to know. I shall go on endeavoring to penetrate the deep spaces beyond the stars and the limitless expanses of knowledge in every field. I shall never be content until some bright morning I shall awake and find myself yet more "in His likeness," and realize that "all these things have been added unto me." In that day I shall realize, I think, without shadow of doubt, that the here and the hereafter are but an everlasting now.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 209.)

CORPULENCY.

nutrition, imperfect: calc-c., sil.
relaxation of muscles, allowing
hernia to occur: nux-v.
rumbling, after eating: lyc., sep.
skin, unhealthy: graph., sulph.— of
face: baryt-c.
stools—*knotty, like sheep's dung:
caust.—*hard masses: nux-v.—
*watery, like bad eggs: calc-c.—

* **watery**, fetid: psor., sulph. —
 * **watery**, weakening: sil. — * **watery**, wheylike: jod. — * **watery**, yellow, with meallike sediment (not weakening): phos-ac.

sweat — * **general**, sour: rheum., sil. — * **in head**: calc-c., sour or fetid: sil. — * **in hands and feet**: sil.

weakness of abd. muscles, as if **hernia** would occur: cocc. — * **of inguinal ring**, as if **hernia** would occur: nux-v.

CRAMP. 1. *Bell., cocc., coloc., cup-ac., cup., ipec., nux-v., puls., verat.* 2. *bryo., calc., camph., cham., chin., dios., eupho., ferr., hyos., ign., k-carb., mag-c., mag-m., mag-ph., mosch., mur-ac., phos., plat., plumb., rhus, sec., sep., stann., stram., sulph., valer.* (v. a. spasms.)

Pr. **going to bed**: dios.

breakfast: cain., coloc., grat., hydrast., thuj.

catarrh: arg-n.

dinner: cain., coloc., hydrast., mag-m., rheum., sulph.

drinking: ars.; **cold water**: calc-ph.

eating: ant-t., ars., calc-ph., chel., coloc., ign.

exposed to open air: merc-c.

rising: nit-ac.

sitting: asaf., grat., mur-ac.

stool: *Am-c., canth., rheum., sulph.*

supper: coloc.

urinating: chin.

Ql. **acute**: asc-t., strych. — * **followed by diarrhea**: apis.; by **stool**: phos. — * **on waking**, > **passing flatus**: nat-ars. **burning**: staph.

circumscribed. — * **epigastrium**: am-c., caust., dios., nat-m., nux-v., puls. — * **hypogastrium**: bell., cocc., graph., nux-v., stann.; as from **pressure of flatus** on bladder: prun-s. — * **hypocondria**: dros., *nux-v., rhod.* — * **integuments**: ferr., lyc., sabin., samb. — * **intestines**: dios.; **pressing**: puls.; **evening and night**, with coldness in thighs: calc-c.; in **rectum**: calc-c. — * **navel**: bell., calad., phos-ac., verb.; **around**: stann. — * **pelvis**: nux-v. —

* **umbilical region**: *Bell., mag-m., mosch., mur-ac., nit-ac., phos., plumb., rhus, stann., tabac.* — * **uterus**: caulo., cham., cocc., cup., ign., puls., vibur. — *

L. S.: laur., mag-c., mur-ac., *nux-v.* —

* *R. S.*: *Laur., mag-c., mang., mur-ac.*
 (To be continued.)

Correspondence.

NORFOLK, NEB., June 11, 1897.

Editor HOMEOPATHIST:

In your June issue a correspondent, reporting the proceedings of the Missouri Institute of Homeopathy, quotes from a garrulous visitor a statement that I had been removed from the superintendency of the State Hospital for Insane of Norfolk, Neb. In justice to myself I desire to state that my appointment was a matter, first political and then personal, and that it was in no sense a recognition of sect or society, and my resignation was the result of a political row, not a little of which was stirred up by the airing of blatant sectarianism by members of my own school, who seemed disappointed that lightning did not strike them and that salvation did not come through the dictation of a State society. This is of a piece with the statement made in the Missouri society. The alternating toad-eating and hilarious intoxication on behalf of some of the members of our school when any tangible benefit is in sight, and the ceaseless offensive waving of the red rag at the "enemy," have done more than anything else to keep us out of public institutions. If we would drop our bloody banners for a while and forget to be bigots and zealots, and just remember that we are physicians, we would enjoy a larger degree of respect and prosperity. Sincerely yours,

J. H. MACKAY.

Book Reviews.

A COMPEND OF THE PRINCIPLES OF HOMEOPATHY. As taught by Hahnemann, and verified by a century of clinical application. By WILLIAM BOERICKE, M. D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco; associate author of the "Twelve Tissue Remedies of Schuessler;" "Stepping Stone to Homeopathy;" member of the American Institute of Homeopathy, etc. San Francisco: Boericke & Runyon, 1896.

There was a little difficulty in getting this book at all, owing to a lack of knowledge as to our residence and address. In view of this mis-

understanding the usual editorial copy was sent to our publishers, who are practical printers, publishers, and business men, and do not review medical books. Unfortunately that book, so sent, has never reached the publishers, and hence was not forwarded to this office for review. We supposed there were few publishers in the United States, and certainly none among the homeopathic persuasion, who do not know our address; and of these, all things considered, the publishers of the *Pacific Coast Journal of Homeopathy* we presumed would know, since they had neither hesitation nor difficulty in finding us individually, and very promptly, too, after our editorial attempt to bury their not-dead journal. However, a truce to this. As to Boericke's book:

The book is divided into thirteen chapters and an appendix. After stating the title of each chapter the reader will be able to judge of the contents, and, knowing Boericke of old, also of the value of such contents. Taking them *seriatim* the titles are the following: The Therapeutic Field; Principles of Pharmacology; The Homeopathic Materia Medica; Drug Proving; Interpretation of Drug Pathogenesis; Drug Relationship; The Application of Homeopathy; The Simillimum; The Second Prescription; Hahnemann's Nosology; Posology; The Preparation of Homeopathic Medicines; Hahnemann's Philosophy; Appendix.

Each such chapter is succinctly divided into paragraphs with a few black-lettered introductory words, so that the eye, in running over the page, may quickly select that especial paragraph for which it is in search. And each such paragraph is condensed, so as to border on the epigrammatic. Yet, so far as we have had time to browse in the pages of this book, the definitions are excellent, and the intent of the author to make the matter plain above cavil. Dr. Boericke had a most difficult topic to handle. Were homeopathic physicians to-day agreed upon any one system of nosology or posology the task would have been made easy; but every practicing homeopath knows that there are very nearly as many theories concerning the application of the Law of Similars as had the elder school in the application of its distinctive features. It is a matter of fact that no two old-school doctors "doctor" exactly alike, not even for the same diseased condition.

One would naturally suppose that, depending, as they do, upon their pathology, their prime assumption being that diseases are an entity, having once fully determined upon a name for the condition presenting, thereafter it would be plain sailing. Still we all know this is not true. There never comes a journal or a new textbook to the old-school doctor's hands that does

not give him new formulæ for things one might have supposed were ineradicably fixed.

To come back to our mutton: this same condition of affairs is rapidly becoming a part of our ONE law of practice. Younger men who are taught to read our journals, and older ones, too, find and apply every little new remedy which some enterprising space-writer for a homeopathic (?) pharmacy is foisting upon a credulous—nay, let us put it properly—upon a *lazy* practitioner. Let some writer praise Buncombe, Smith & Co's *meer-rettig* as excellent in his hands—for having cured seven cases of diphtheria—and at once there will be applications for *meer-rettig* to cure the same *disease*! The old-fashioned, well-approved, and well-tried remedies of the honest homeopathic pharmacopœia are given the go-by, because, in the hands of these lazy practitioners, too lazy to study their cases, and therefore applied to the *names* of diseases—these old remedies have failed. Of course they have!

Tell some aspiring young surgical-homeopath in answer to his question that in the recited condition *bryonia* is an excellent remedy, and he will scarce suppress a covert sneer for your antique manner of practicing. No, he wants something he can either inject into the skin or rub on the outside, or something that will produce lightning effects and so bring him the reputation of a quick-working young man—not like the slow coach and old-fogy around the corner who still asks all manner of silly questions about your dreams, the color of your stool, the peculiar condition of your mind, and other of those Hahnemannian ideas—those theories of homeopathic practice, which used to be in vogue before gynecology, and its allied handmaidens, showed us the real cause of symptoms!

Therefore Dr. Boericke has had a most difficult task to handle. He has had to translate and, having translated the matter, to tacitly commend the thought, because it is built upon homeopathy as it was given us by the Fathers in the Church. So we fear that unless the modern reader is properly coached in advance of his taking up this book, he will like enough drop it again and turn impatiently with more ambition to his microscope, his culture-tubes, and anti's-this and anti's-that. There is no doubt whatever that Boericke's "Compend" is a valuable book and should be made obligatory upon even the first-class student in our homeopathic schools. It is to be lamented that there is no possible way, not even in New York with its legislative cranks—who so delight in burdening the statutes with fanatic-ridden, fad-bitten legislation—it is to be regretted that the homeopaths of to-day could not be *made* to read this book and be quizzed upon their knowledge of its contents.

We have asked the question before, but it will bear repeating: How many of the homeopathic colleges of to-day teach homeopathy? Now, please, you gentlemen and one woman who are clothed in the professorial ermine, and are giving valuable time to inculcating the principles of your special chair—now please don't jump to the conclusion that we are assailing your motives. But— Is homeopathy taught in your college? And when we say homeopathy we mean exactly what Boericke defines it to be. How many colleges are there which do not take it for granted when a young man applies for admission, being accompanied by the necessary shekels, that he needs anything further than a few lectures on *materia medica*, a few valuable sermons on giving the 2x in this and the 6x in that disease?

How many of our colleges are teaching what the Law of Similars really means? How many of the homeopathic graduates of March, 1897, could with safety be pitted against an ordinarily intelligent allopath on the next cross-roads, and not have ignominiously to back down on the show down of knowledge concerning the homeopathic system of practice? When graduates leave a homeopathic college with a small hip-pocket-book full of favorite formulæ for curing diphtheria, or checking gonorrhea, or suppressing running sores, and knowing no good reason for applying remedies, or why they do not give up alternating homeopathic remedies, except that their preceptors had always done this, and the college had not taught them it was homeopathic, then we say these schools are NOT teaching homeopathy! Are we right?

Ex-president Runnels made his Institute reign memorable by urging the introduction of the *Organon* into every homeopathic college of the land. For a few years thereafter the *Organon* was given a place next to the water-pitcher on the lecturing desk, and a chapter was read occasionally in our preacher-run schools; but how many real homeopathic lectures on the *Organon* were given in the United States? True, it was and is a difficult book to understand. But Boericke's "Compend" will now in much lighten the difficulty, because he has taken the subject-matter of the *Organon*, put it into terse, readable English, and in get-at-able shape, so that there no longer remains any ground for the slighting of the law—about which each student has had some few things dinned into his ears at sundry times. If the school is to be rescued from its mechanical trend, from its exceeding materialistic trend, it must ask of its colleges that they teach the students sent up to them, not only the latest and most brilliant technique of our author-surgeon or gynecologist, but as well the rudiments of homeopathy. We, therefore, make

no sort of question but that Boericke's book is a happy forerunner of that soon-to-come renaissance of homeopathy, and we hail the prospect with joy.

A "Compend of the Principles of Homeopathy" should be in the hands of every honest homeopath; it is not a large book, it is not a costly book; but it is a book that talks out in meetin' and is filled with homeopathic data collected from the original papyrus and put it into readable shape. All hail to the Compend!

—The *Century* and *St. Nicholas* are clever and good as ever. The former journal gives much reading and picture space to the Victorian period, and some more of General Grant's private history. The latter periodical keeps the children well instructed as well as interested.

Globules.

A three-thousand-dollar practice for sale, mostly office business, in a good, prosperous town of two thousand inhabitants in Illinois. Mostly office practice, good turnpike roads. Inquire of AMERICAN HOMEOPATHIST.

The "Osteopathy Bill," to allow a certain class of practitioners special privileges, passed both houses of the Illinois Legislature, but was turned down by the Governor. A Governor is a good thing sometimes.

Miss Mobile—Well, Martha, how is your husband now?

Martha—Po'ly, miss, po'ly. He's got that exclamatory rheumatism.

Miss Mobile—You mean inflammatory rheumatism, Martha. "Exclamatory" is to cry out.

Martha (with solemn conviction)—That's it, mum, that's it! He don't do nothing but holler!—*Northern Christian Advocate*.

A dram of Marchand's hydrozone, added to four ounces of boiled water and drunk while the stomach is empty, exerts a powerful influence in dissolving and removing the tenacious mucus, destroying microbic elements of fermentation, and stimulating normal action in the diseased mucous surface. The best results follow its use in the morning before breakfast, the patient taking it while in bed, and remaining on the left side for ten minutes before rising. It may be taken oftener, but once a day may suffice, and it is advantageously used in this manner after the practice of lavage.

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NEW YORK, AUGUST 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



E. P. CUTBERT, M. D.,

*Surgeon of the Pittsburg and Lake Erie Railroad, and of the
Pittsburg, McKeesport, and Youghiogeny Railway,
Homestead, Pa.*

TWO of the State Universities have sent out their annual catalogues, setting forth the advantages of these schools. These are the Ann Arbor School and the Minnesota State University.

* *

IT is delightfully refreshing to note the manliness with which each school puts forward its best foot.

* *

THEY base their bid for students upon medical reasons. They each set out, at some length, what the student may learn in the Uni-

versity, and as it is a State school there is no reason to doubt the fulfilling of the implied contract. There is no "if" in these promises. The advantages are there, and wait only to be used. And so with the teachers. As these are salaried persons, the student and his preceptor know that the teacher will be there when the hour arrives for that particular lecture, or else there will be a good reason on tap. There is no great likelihood of the teacher neglecting his paid college appointment, merely because he doesn't feel like going down to that dreary lecture room to-day, or it is storming, or there is a fighting chance of catching another hardware dollar by keeping the office-chair warm. And who that has attended some of our colleges in the not very remote past has not been disappointed, many and many a time, and his hour lost, because the Commercial Medical College professor did not appear, and left *no locum tenens*? We do know of one specialist, ex-professor of a State university, who, while drawing the State's money for teaching in a State school, and presumably giving of the largess of his specialty knowledge to the State's wards, was gallivanting over the State, doing operations and pocketing the money. We take it, however, that that State has now put the seal of its displeasure upon such absenteeism, and hereafter each professor will attend to his knitting, or else there will be given him a larger opportunity to do private work. In the University case it is simply an imposition—a receiving of money under false pretences; in the other—the Commercial medical professor—he receives nothing for his services, beyond the glory, which but verifies the old maxim that from nothing nothing can come. He goes to his work, certainly toward the close of the semester, with unwillingness; he gladly shirks

an irksome duty ; he will not sacrifice a single opportunity of making a present dollar for the possibility of laying up treasures in the greater success of his students.

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TO come back to our text, the presentation of the University catalogues. We have examined them both, and with a critical eye. They are manly ; and above all are medically prepared. There is no burlesque appeal to the soft and sentimental side of the prospective student's female relatives by parading the church and wyemsea privileges, the prayer-meetings led presumably by each of the professors ; nor is there any fostering of that general feeling that the faculty, in accepting the boy for a medical education, also gives bail-bond that he will be in bed each night at curfew tide ; that he will continue clean in morals and apparel as when he left the corner store and relinquished the whittling of dry-goods boxes. Every man who has ever sat on the hard benches of a medical school knows the utter hollowness of this and kindred pretenses.

A medical school, certainly one of the commercial order, does not concern itself unduly with the private life of any one of its students. Indeed, if it essayed to do so, who would be the proper party to appoint for such duty ? The "stiff"-handling janitor is about the only person who is more or less constantly about the college building. Shall it be the Dean or the Registrar ? The professor of Obstetrics or the Gynecologist ? Is it not apparent at a glance that where the students are scattered all over a municipality it would be futile for any one of the professors to look after the moral and laundry welfare of the college students ? This is, assuming that he cared, or that it was made worth his while. But the professor who receives no salary, who gives his lecture services gratis, and who, unless he is a specialist, gets nothing out of the college, is not going to do violence to his average-human nature and "chase" after the students to note whether they are putting any beans in their noses or playing mandolin solos under the fair Juliet's trellis.

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THE business of a medical college is to teach medicine and surgery. And everything else that is crowded into the curriculum, no

matter how praiseworthy in itself, has no place in that college and should, therefore, be thrown out, heels over appetite. Is not this right ?

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* *

THERE is a larger lesson to learn for the medical student, as with every other college student, than any that is taught in that college. Book-knowledge alone will not make a man a successful business man. There is that contact, elbow to elbow, which eventually takes much of the poetry out of many of the things inculcated by the too-technical school ; that contact may make the elbow glossy and threadbare for a time, but in the end the man who has that experience, and knows its value, goes to the front, and stays there. And that lesson, is the great lesson of Human Nature !

Let the medical catalogue builders stick to the medical idea. It is far more creditable to the college to sail under its own colors ; it will carry more weight with the practical profession than any page and a half interpolation into the business catalogue of a Sunday homily reciting the exceeding great value of *our* school because it pretends to concern itself with the morals of the student ; that it watches over him, and is prayerfully anxious to save him from contamination with pipe-smoking, card-playing, theater-going and soft-drinks drinking, and other such deadly and soul-twisting devices of the arch-enemy of all mankind. Every student knows very well what his professors individually and as a faculty require of him. And no one of them will transgress any known law, moral or physical, lest he be given his passport and told to go home.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Phosphorus IN THREATENED PHTHISIS.—Andrew M. Neatby, L. R. C. P.,³⁵ reports the following interesting phosphorus cases : Miss C., aged about twelve. May 22, 1896. This patient has had a cough for about three months. Coughing is provoked by some irritation under the upper part of the sternum. There is no

expectoration. Pain is felt in the right side of the chest on coughing or on taking a deep inspiration. For two or three months she has been losing flesh and strength, and her friends have noticed that she has been feverish at night. There is some pallor noticeable now, but the patient has been observed to be flushed late in the evening when asleep. There has been no night sweating. Patient has been growing rapidly, and catches cold easily. One of her sisters died of phthisis. The appetite is poor, the bowels slightly confined, and there is some headache on the vertex which is aggravated by the cough. There is some falling in of the chest wall under the right clavicle, otherwise physical examination is negative. Phosph. 6 pil. iii n. and m.

May 27. The pain has disappeared. The cough, the irritation provoking the cough, and the headache are better. Continue.

June 3. No pain. Cough better. The face is filling out and the patient is stronger. Continue.

June 18. Has been away for a week. Before leaving the cough had nearly disappeared, and during absence she has not coughed at all. The patient feels stronger, and her friends have noticed a very marked improvement in general health. Phosph. 6 pil. iii once a day.

May 27, 1897. No return of symptoms.

Phosphorus IN MARASMUS.—Ibid.³⁵—J. F., girl aged fifteen months. July 9, 1896. Has been wasting for about a month. Previously she had never had a day's illness. Has been noticed to pick her nose very much. The respiration is labored, and sixty per minute. She has had measles, from which she is said to have made a good recovery. There is now a good deal of bronchitis. The cough is loose. The bowels act irregularly and the motions are offensive, the smell being described as earthy. The appetite is poor. The child sleeps fairly well. She seems very exhausted after the cough. Phos. 4x ter.

July 16. Yesterday the child began walking again after four or five weeks' interval. There is less picking of the nose. The appetite is improved. The bowels are acting regularly. The cough is less frequent and less exhausting. Continue.

July 20. Does not cough more than once or twice a day, and then not very violently. Does not seem exhausted after the cough as she did. The motions are getting more healthy in color. Continue.

July 27. Coughs very seldom indeed. The exhausting character of the cough is entirely gone. The motions are less offensive. Phos. 4x n. and m.

August 6. The cough is gone and the bowels are regular.

Picric Acid Salve, POISONING BY A.—Recent advocacy of picric acid in burns renders interesting this note of warning.^{36, 37} Dr. Szczy-piorski relates two cases where, thirty-six hours after local application of a five per cent. salve of picric acid in vaseline, there was noticed slight icterus and a rubeoliform erythema which covered the whole body, together with an erythema in irregular patches, with well-marked borders, and varying from the size of a ten-cent piece to that of a fifty-cent piece. They were partially confluent, and did not disappear wholly on pressure. The urine was darkish red, the tongue coated; there was anorexia, with general malaise, so that the patients, men of twenty-eight and thirty-six years, were obliged to remain in the house for two or three days. The salve was replaced by a solution of picric acid in water and a salve of aristol in vaseline. In ten days the symptoms had wholly disappeared. One of the burns healed with astonishing rapidity, while the other cicatrized more slowly. He advises the use of the acid in burns, but rather as an aqueous solution, without addition of alcohol.

Sabal Serrulata IN DISEASES OF THE PROSTATE.^{38, 39}—Hale doubts that sabal, the saw palmetto, has any direct action on the muscular tissue of the prostate. It may, however, profoundly affect its nerve-supply, as does corn-silk, or hyoscyamus. Moreover, he believes that it may act on the glands of the prostate, as it does on those of the throat, by actual contact, primarily to stimulate and irritate in large doses, secondarily as a sedative in small doses. In acute or chronic prostatitis that organ becomes enlarged, because of the irritation of its glandular structure and of the mucous and sub-mucous tissue with which it lies in contact. Sabal probably removes this irritation and allows the con-

gested prostate to resume its normal size—if actual induration with hypertrophy has not obtained, in which case he doubts if any drug will cure. This view may explain the success which has attended the use of sabal in cases where the prostate is supposed to be diseased.

Dr. Mullins, in the remarks preceding his reported proving, gives the following indications: "Enlarged prostate, with throbbing, aching, dull pains, and discharge of prostatic juice. At times discharge of mucus, also a yellowish fluid. (The latter symptoms show its power over mucous membranes, when cystitis has followed as a secondary condition depending on an irritable and enlarged prostate as a primary cause.)" This must be largely theoretical, based on clinical observation, for we have no record that sabal has caused enlarged prostate or many of the other symptoms he mentions. Nor has it caused orchitis, orchalgia, impotency, etc., from enlarged prostate.

A Sulphur Picture.—The graphic method of teaching materia medica is well illustrated by Dr. G. G. Shelton²⁶ in a paper from which the following picture is taken: In the first cot we see a child, a girl. The hair is short and red. The face is pale. The lips are dry and cracked, the nose is big, the mouth open, the eyelids are red; there are sores about the ears, scales in the hair, little blotches everywhere. The face is clean in spots, for the nurse has done her duty. The fingers are coarse, the nails are dirty; from the nostrils a little pus-like mucus oozes. The expression is one of anxiety, of suffering. The child's face is an animated interrogation; all over it is written the question, "If I am so soon done for, I wonder what I was begun for?" You draw nearer the child; she instinctively draws away. Notwithstanding you have put on your sweetest smile—a possible explanation—she begins to cry and scream, and resents most willfully all your efforts at conciliation. But you finally get a half consent, and she lets you approach, always suspicious. You suddenly find yourself near enough, for odors, not of the sweet perfumes that you love, but that resemble more nearly "the seven distinct kind of stinks that mark the River Rhine." But you have long since become accustomed to this, and you try to take her hand; after some calis-

thenics you succeed. It is snatched away. In anger? Partly so; she has use for that hand. You watch her, and she will be scratching herself on some portion of her body; but enough of this. A cheap frame, a dark corner, no matter how dark, you cannot hide the artist's name. Sulphur is written all over the canvas, so distinctly and clearly that you recognize it at a glance.

Birch Leaves A DIURETIC.³⁸—Professor Winternitz's attention was called to the leaves by a female patient, whose dropsy, due to kidney disease, was cured by them after every other diuretic had been tried in vain. Twenty-four hours after the first dose the secretion of urine becomes very abundant (in many cases the urine increases from 300-400 cc. to 2000-2500 c.c. pro die), and continues as long as the tea is taken. The albumin, epithelial cells, cylinders, etc., become less, and then disappear completely; and it is worthy of note that, though the increase in the urinary secretion is so enormous, no symptoms of irritation (of the renal parenchyma) have been noticed in a single case. Professor W. recommends an infusion made by macerating three ounce of the leaves in about a pint of hot water for two hours, to be drunk in three portions during the day. The leaves must be gathered in spring and dried in cool, airy rooms.

Arnica IN CHOREA AFTER TRAUMATISM.—Dr. A. M. Sprague, in *The Big Four*, tells of chorea in a boy of twelve, during whose waking hours every muscle of his body was in constant motion, so that he could not talk or feed himself. From an allopath he received opium and bromide of potassium, which seemed to nearly set him crazy. Dr. Sprague gave bell. 12x for thirty-six hours, with only slight temporary improvement.

"His mother now told me that some time before he took down sick he got a fall by being thrown in a scuffle with another boy, and that he turned black in the face, and they thought he was dead. I now gave arnica 6x, and wrote to my friend in Chicago, who wrote and recommended arnica 30x and hypericum. The boy improved from the first dose, and when I got the Professor's letter I gave arnica 30x, one dose (had given one of the 6th before), sac. lac. for

one week, and boy was talking and running all over town. Three doses of arnica cured him. I found a red spot swollen on the back of his neck. A cloth wet with diluted arnica was applied, and it soon got well."

PULSATILLA: SOME OF ITS USES.

By B. G. CLARK, M. D., New York.

MY excuse for bringing to your notice some of the conditions in which pulsatilla may be indicated is that there are many who prescribe for "a condition" rather than the symptoms which that condition may manifest in different individuals, and in this way they overlook "the remedy" and often prescribe aconite or rhus tox. when there is a high temperature with restlessness, where pulsatilla would be more homeopathic.

To those who prescribe for a condition from clinical experience or upon what is understood as a pathological basis, a few remedies at first present themselves from which to make a selection. Now the more this list is extended will it be necessary to look for more specific indications. In this way our knowledge of remedies is broadened and we become better homeopathic prescribers.

I wish to emphasize some of the symptoms of this remedy that are quite prominent, yet are manifested in diseases that the pathological or clinical prescriber seldom associates with pulsatilla.

I believe this is accounted for in part by the special types to which this remedy is so peculiarly adapted and emphasized by all teachers in materia medica, viz., the mild, tearful disposition, hence most beneficial to women and children. I would not detract one iota from such teachings, for it surely is a wonderful remedy for both women and children, and will continue to be one of woman's best friends. Yet, if we can extend its usefulness we will add a little to its value.

Of the 102 clinical references under pulsatilla in Farrington's "Clinical Materia Medica," none of them refer to the throat symptoms, neither does Lilienthal or Rauc mention pulsatilla under tonsilitis or diphtheria, yet it has a place in both these diseases that I would call to your notice.

Dr. Geo. W. Worcester of Newburyport, Mass., first called my attention to it in diphtheria as a remedy for the severe backache which often accompanies that disease, and I have used it several times since. The remedy will be called for in the earlier stages when there are present: high fever, severe frontal headache involving the eyes, which is worse by moving the eyes upward; patient is very restless, and complains of a backache, "that seems as if it would break"; the throat looks dark or purplish, with veins prominent; with scraping sensation in throat and dryness and difficulty in swallowing. The color of the throat reminds one of lachesis or baptisia—the membrane was yellowish in the cases which have used it. Thirstlessness is a characteristic of pulsatilla that is usually looked for, yet it has a thirst that calls for a "little and often," similar to arsenicum, apis, china, and some other remedies. And in all acute diseases where I have seen this remedy indicated, that form of thirst for "a little and often" was present.

In follicular tonsilitis it is a valuable remedy. With symptoms similar to those just referred to; tonsils studded with ulcerated points and often covered with a sticky mucus; scraping in throat; restlessness; thirst for "a little and often," or no thirst, with that severe backache. I usually use a warm (not hot) milk and water gargle in these cases to aid the suppurative process.

Again in "la grippe" pulsatilla should be studied. In my own case in 1890 the backache, restlessness, and severe headache are still remembered.

The physician who was called to prescribe for me gave me rhus tox. 30. During the day three other physicians came to see me about my patients. Two of the doctors were looking after some of my work, and the other had been called in consultation with me that day regarding a case. They came at different times, and all said rhus tox. was my remedy. I kept on taking it until late in the evening, when the remedy was changed to pulsatilla 200, and relief began soon after the first dose, and rapid improvement ensued. Rhus tox., I believe, is often given when pulsatilla would be more homeopathic.

Since my own case I have often used it ac-

cording to its indications in "la grippe," and it has done splendid service. After our first epidemic there were many writers in our journals who wrote of their experiences, all of course equally good, but nearly every one had a different series of remedies that had been indicated in his cases. I think the differences would be accounted for by the difference in the localities in which the disease was epidemic.

Another condition in which *pulsatilla* is not often thought of, is a sub-acute or chronic enlargement of the glandular system. I will give in some detail one case where it was *the* remedy.

Miss S., Hebrew, age forty-three,—father and mother lived to old age without any malignant troubles,—came to consult me June 22, 1890. Miss S. was a lady who occupied her time in "going about doing good," but some hard work in that line and subsequent sickness in her own family caused her to become somewhat debilitated. Her physician had given her tonics, some quinine, etc., to build her up.

Some three months after this time she had noticed an enlargement in her right breast, to which she soon after called the attention of her physician. He looked upon it as a serious condition, and after treating her for a few weeks without benefit, called an eminent surgeon in consultation, who advised an operation, as the disease was no doubt malignant. Another surgeon saw the case, and agreed with the advice given. The patient was desirous of avoiding an operation, but would submit to it if nothing else could be done.

It was at this juncture that she was referred to me. I found, upon examination, that there was an enlargement in the right breast nearly as large as a hen's egg, with involvement of glands in axilla, and pain down the arm, which seemed weak. The enlargement in the breast had been growing for the past five months, and was slightly tender upon handling. There was no retraction of the nipple, patient was very much depressed, appetite poor, distress in the stomach after eating rich food or pastry. There was no thirst with these symptoms, and from the fact of her having taken quite some quinine, to which *pulsatilla* is a good antidote, I gave her *pulsatilla* 30, a dose every four hours. My advice to her was, that

in my opinion her trouble was not cancer, and that in the course of four months she would be so much improved that there would be no excuse for an operation; but that in case my diagnosis was wrong, I would not make sufficient progress to warrant her in continuing the treatment, and the time would not complicate her case very unfavorably. I was led to this opinion from the absence of any tendency toward retraction of the nipple, by the rapid involvement of the axillary glands, and by the fact of her having taken considerable quinine, having noticed glandular enlargement after such cases.

The patient next consulted Dr. J. B. Bell of Boston, who agreed with the advice given by me, but said he would not say whether it was malignant or not. The patient went to Vermont for the summer, soon after commencing treatment, but communicated with me frequently by letter. *Pulsatilla* was given at intervals in the 30th and 200th potency all summer. She took *pulsatilla* for a week, and then *sac. lac.* for two or three weeks until October, when the axillary glands were past finding, and the hard one in the breast was only about half the size it was at the commencement of the treatment.

During the following winter she was completely cured by *pulsatilla*; the only other remedy used in the later part of the treatment was *carbo. veg.* 30th, for some digestive troubles in which it was indicated. I have frequently seen the patient since, and occasionally prescribed for some slight cold, but otherwise she seems well, with no return of the trouble, having passed the menopause without any difficulty during the past two years.

Another case which is still under treatment is a Hebrew woman, aged forty-two. Married. One daughter eighteen years of age.

About two years ago her physician removed a part of the breast and some, if not all, the glands in the axilla. Fearing, as she expressed it, that there might be nothing left of her if they cut out every gland that enlarged, she thought she would try what homeopathy could do for her. She came under my care a few months ago with some enlarged glands in the right arm near the axilla, also the sub-maxillary on left side, with rheumatic pains in different parts of body, but especially in right shoulder and arm; and while

this woman was of a dark complexion, with black hair and eyes, her symptoms, mentally and otherwise, were covered better by puls. than by any other remedy, and she is constantly and markedly improving under its action. The 30th potency was used in the commencement of this case; since then, when repeated, I have given it higher.

Sometimes it is difficult to fit the case with the proper potency, hence all potencies are necessary, the lowest and highest.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 230.)

CRAMPS.

cold: chin.

contracting: clem.; at each movement or expiration, cocc.

convulsive, on moving, > urinating, during the day: staph.

deep, instead of menses: cocc.—*in bowels: puls.

diffused.—*to anus, at 10 A. M., > by emission of flatus: hydras.—

*around, in a circle: arg-m., prun-s., zinc.; inspiring: guajac.; sitting bent: alum.; > in open air: aloë.

—*to back: naja.—*to bladder: caulo.; > by emission of flatus: hydras.—*to bowels, bladder, and rec-

tum, sympathetic: caulo.—*to broad ligament: caulo.—*to chest, toward right scapula: acon.; to chest and

limbs: caulo.—*to genitals: lyc.—*to groins: caulo., k-jod.—*to hips,

toward evening: lyc.—*to legs: viburn.; along anterior surface of legs

to feet < in the evening: thuj.—*to limbs: caulo.—*to loins: k-jod.—*to

pubes, on awaking: cham.; > from pressure or bending forward:

coloc.—*to sides, in the evening: lyc.—*to stomach: caulo., k-cya.;

in the evening, > by emission of flatus: bov.—*to stomach-pit: seneg.

drawing: petr.—*above and below, walking, > by stimulus to stool:

coloc.—*toward navel, A. M., after

taking coffee, rising, or breakfast: nat-m.

dull: chin.

fine, subtle: mag-c.; compelling to bend double: chin.

flying, momentary: mag-m.

hysterical: ars., bell., bryo., cocc., ipec., mag-m., mosch., nux-v., stann., stram., valer.—*after eating: valer.—*in

bowels, not relieved by any position: valer.

incisive, after drinking milk or smoking in the morning: bufo.

intermittent, in bladder, stomach, broad ligament (groin), extending even to chest and bowels: caulo.

periodical: ign.—*mornings: ox-ac.—*before noon, at stool: grat.—

*at every menstrual period, with screaming: plat.

pressing, in bowels: puls.

severe, frequent, in bowels, esp. evening and night, with coldness in thighs: calc-c.

sympathetic, in bladder, bowels, and rectum: caulo.

uterine, menstrual: cham., cocc., cup., ign., nux-v., plumb., puls.—*with

difficult menses: caulo., puls., vibur.—*with profuse menses: bell.,

cham., coffea, ign., nat-m., nat-c., plat., sec.—*with scanty menses: caulo.,

caust., cocc., coni., cup., graph., plat., puls., sep.—*diffused to chest, causing

nausea, vomiting, sometimes convulsions of limbs, and piercing shrieks: cup

Sm. as from a cold: aloë., arn., petrol.;

forenoon, sitting: nat-c. as if diarrhea would occur: k-bich.—*> by

pressure and bending double: cham.—*forenoon: nat-c.; at 3, > by

liquid stool: phel.

as if by flatus: coloc., hyper.

like the gripes: sep., sil., sulph-ac.—*after drinking water or eating:

nat-m.—*with nausea: fago.

labor-like, extending into legs: nux-v. as if menses would appear: cina.

like false pains: k-carb.

as if after a purge, > by stool: arg-m.

like **electric shocks**, diffused to arms,
at noon : coloc.

as if from **worms** : am c.

Md. **breakfast** : zinc.

coughing : tarent., verat.

drawing abd. high up : valer.

eating : aloë.

inspiring : lyc.

lying on the back, in open air : lyc.

moving : mer-c., puls.

standing : mur-ac.

stool, at : ant-c, *arn.*, *asar.*, canth.,

merc-c., opi., phos., sars.—*before

menses : alum.—*until the next

movement : mag-m.

urinating : china, merc-s.

walking : angus., asaf., mur-ac., phos-

ac.—*in the open air : graph.

Cn. **chilliness** and **amenorrhœa** : puls.

coldness of thighs : calc-c.

convulsions : cup., sec.

diarrhea : apis., bov., ferr., jug-c.,

magn-m., *merc-s.*, sulph. ; from **incar-**

cerated flatus : prun-s.

leucorrhœa : mag-m., mag-ph

menses : baryt-c., *caulo.*, *caust.*, *cocc.*,

ferr., *ign.*, k-carb., mag-c., nux-v.,

plumb., *puls.*, zinc.—*commencing :

caust. — *irregular : *cocc.* — *sup-

pressed : puls.

nausea and **diarrhea**, or between
them : ant-t.

pressure, violent upon rectum and
genitals : mag-m.

purging and **vomiting** : iris—*at
the beginning of catamenia : mag-m.

shrieks : cup., *cocc.*, plat.

urgency to sit : sulph.

Agg. **dinner** : lact.

eating or **drinking** : prun-s.

evening : nat-m., phos. ; **walking** :
dios.

midnight, after : elap.

motion : rhus, zinc.

pressure : jatro.

standing, after dinner : rheum.

walking : prun-s.—*in the evening :
dios.

Am. **bending** : staph.—*double : ars-j.—

*forward : prun-s. ; when walking :

stram.—*sitting, after eating ; rheum.

drinking, cold water : cann-s.

eating : calc-a.

emission of flatus : ars-j., bov.,

calc-ph., hydras., laur., psor., sel., sulph.

eructations : ant-t.

evening, by heat of bed : coloc.

pressure : gamb.

rest : rhus.

sitting bent, after eating : rheum.

sleep : mag-m.

stool : dig., hell., mur-ac., nat-m.,

plumb.—*diarrheic : caust., sulph.—

*pasty : bryo.

urinating : chin-s.

warm applications : ars.

3 A. M., with efforts at stool : phos.

10 A. M., emitting flatus : bov.

7 P. M., with diarrhea : phel.

8 P. M., after diarrhea : mag-c.

Cs. **amenorrhœa** : puls.

beer, new : puls.

brandy, whisky : nux-v, opi.

cabbage, **sour krout** : bryo.

cake, **pastry** : ipec., puls.

cold : camph.—cold water : ars.

cucumbers : verat.

fats : puls.

fruit : puls., verat.

ice cream : puls.—ice water : ars.

insult, during menses : *cocc.*

labor : cic.

lemon-peel, raisins, mince-pie : ipec.

milk : cup., zinc.

pork : puls.

pregnancy : puls.

vinegar, acids : aloë.

Tm. **morning** : rhus. (R. S.), strych.—*in

bed : psor.—*standing : chin-s.—*

till evening, before menses : carb-v.

afternoon : berb., chel., coloc., phyt.—

*walking : laur., naja.—*followed

by stool : calc-s.—*before dinner :

hydras., lyc.

evening : aga-m., ant-t., bell., *calc-c.*,

carb-v., cycl., *dios.*, mag-c., mang., *petr.*,

sulph.—*before **eating** : puls.—*with

heat : rhus.—*followed by **stool** :

ign., rumex ; by **sleep** : phos.—*after

supper : ox-ac.

night : baryt-c., calc-a., calc-c., calc-s., camph., graph., merc-s., nit-ac., phos-ac., sep., zinc.—***awakening** : sars.—***after going to bed** : dios.—***with shivering in bed** : arg-n., rhus.—***with pressive, urgent urination** : graph.

midnight : baryt-c., lyc., sep.—***after awakening** : sulph.—***on awakening**, followed by stool : samb.—***with sweat** : ambr.

1.30 P.M. : hydras.

2 to 4 P.M. : laur.

3 P.M. : physo.

5 P.M. : sars.—***until morning** : canth.—***until supper-time** : sol-n.

7 P.M. : elap.—***followed by diarrhea** : sumb.

8 P.M. : before diarrhea : mag-c.

10.30 P.M. : nat-ars.

Sb. **diarrhea** : bryo., camph., coloc., k-nit., stram., sulph., zinc.—***at 8 P.M.**, mag-c.
flatus : anac., *coni.*, gamb., plumb., sinap-a., viola.

leucorrhœa : mag-c., nat-c., zinc.

menses : *cham.*, granat., ol-an., *puls.*

stool : asar., brom., bryo., *mag-c.*

urination : sulph.

(To be continued.)

FOOD ADULTERATION AS AFFECTING HUMAN LIFE AND HEALTH.

By ROLLIN H. STEVENS, M. D., Detroit, Mich.

THE adulteration of foods has been practiced from the earliest times with various objects in view, chief among which might be mentioned the following :

1. To increase the bulk or the weight of food, as by the addition of potato-meal or plaster of paris to bread, chicory to coffee, starch to mustard, water to milk, vinegar, etc.

2. To improve the appearance of the article, as in the addition of alum or sulphate of copper to bread, prussian blue or black lead to tea, ferruginous earths to cocoa and preserved meats, verdigris to pickles and canned vegetables, mineral pigments to confectionery, red lead to cayenne after adulteration with ground rice with mustard.

3. To impart a fictitious strength or quality,

as in the mixing of cocculus indica with malt liquors, sulphuric acid with vinegar, turpentine with gin, caramel or jet black and chicory with coffee, and catechu with tea.

4. To imitate the genuine article by substitution, as acacia bark for cinnamon, mahogany balls for nutmeg, extract of Tonka-bean for vanilla, beans for coffee.

5. To extract valuable constituents from an article, as cream from milk.

6. To substitute decomposed or diseased meat or vegetables for the fresh wholesome food.

Some of these adulterations are decidedly injurious to health, while others are not, and some are, perhaps, more hygienic than the original article. Some are harmful only in that the consumer is deprived of the amount of food value for which he pays.

As stated before, almost our earliest history mentions this pernicious practice, and there has been legislation against it from time to time, but it was not until the beginning of the present century that it was commenced in earnest by France, soon to be followed by the other European countries and by the United States. In spite of the laws, the sophisticator's art has flourished and become a science in itself. The reason for this lay in the fact that the laws were cumbersome and were not enforced.

Gradually, however, they have been amended, both abroad and in this country, until some territories are fairly well protected, but there is yet much room for improvement. Those States and countries which have not adequate laws become the dumping ground for adulterated goods. A national law is needed to co-operate with the different State laws, and a law which will confiscate to the State adulterated goods wherever they are found, except in the case of harmless adulterations, where the packages are properly labeled with the name of the contents, so that the purchaser may know what he is getting for his money. Under such regulations the sophisticator could not exist, and the evil would be exterminated or reduced to the minimum.

As to the effects of adulterated food on the health of the consumer we know but little. Many adulterants are poisons that, taken continuously or in quantity, undoubtedly cause

dangerous and often fatal symptoms, such, for instance, as the salts of lead, tin, and copper, various coloring matters, etc.

But on the other hand, we know that many of these metals which are found as adulterants in the food are present in the fresh food in nature, as, for example, peas and beans, grown in copper bearing soil, often contain copper in appreciable quantities. Arsenic has also been found under similar conditions. There are no records of cases of poisoning from such vegetables. It is believed, however, that the consumption of small quantities of these metals for a long time will eventually affect the general health. Many of our homeopathic provings have demonstrated this fact.

Peas and beans grown in clay soil contain more or less aluminum. Then, too, many foods naturally contain various salts which we know to be injurious to health when given in appreciable quantities. Yet we eat them all, and most of us are well; but when ill, we do not ascribe our sickness to poison contained in our natural food. We do, however, prescribe those poisons to cure us when we are sick.

What does it all mean? Surely there must be some relation between these metallic salts—poisons found in the vegetables—and the physiological mechanism of the body. Or if there is not, are these substances found in nature inert? And, if so, is there a stage in the divisibility of poisonous matter when on one side that matter becomes physiological in action, and on the other dynamic? Or do these poisons all exist in vegetable nature in a state of such minute divisibility that they cannot be detected by chemical means, by the microscope, or by such other crude means as are now at our disposal?

What is the future science tending toward? Are we soon to know that not only can we see through the human body and opaque substances which until recently were supposed to be impenetrable by any form of light or condition which would enable us to see, but that we can also see the various forces of nature at work in her own laboratory?

Von Naegele demonstrated the poisonous action of the 24th decimal dilution of corrosive sublimate on certain forms of plant-life, when we had been told by the best, but after all very

crude, scientists that there was actually none of the original poison in such a dilution, simply because they, by the exceedingly gross methods they employed, could not find it.

By Naegele's experiments ordinary chemical reactions are proven to be insufficient, and hence are inaccurate. We must therefore become better acquainted with nature's methods before we can draw correct conclusions.

So that in the study of food adulterations in its relation to health, we cannot say that a food is harmless without more exact knowledge than we now have. Many foods, however, we know to be harmful because of the adulterants in them, and in the face of such knowledge the dealer in such sophistications should be vigorously prosecuted for criminal offense.

Under the first class, adulterations to increase the bulk or weight, might be mentioned milk adulterated with water, and this is one of the most criminal of all adulterations, because milk forms one of the chief articles of food on which we have to rely. For infants we often prescribe milk alone; and if water be added by the dishonest dairyman, our infants starve because they do not receive sufficient nourishment in the amount given. Then, too, if the milkman is dishonest enough to add water, he will not be scrupulous about its purity, or the cleanliness and care necessary in the collection and distribution of the milk, so that not only is the infant exposed to the one danger, but both child and adult are exposed to the greater one of infection with a serious disease.

Potato-meal added to bread is perhaps harmless in the case of white bread so commonly used nowadays. But the modern white bread from the pure white flour should really come under the head of an adulteration under the class of substitution, in that the most nourishing part of the wheat is taken out and little else than starch remains, which people ordinarily do not know. Potato-meal added to graham or entire wheat bread should be considered a harmful adulteration, as it substitutes starch for the gluten of the flour.

The addition of chicory and beans to coffee makes perhaps a less harmful product than the original article, which is responsible for many of the ills to which flesh is heir.

Water is sometimes added to vinegar, spirits, and malt liquors, but this may be considered as a beneficial adulteration, so far as the health is concerned. So also may we conclude regarding the addition of flour to mustard. An examination of about thirty samples of mustard from different localities in Michigan by F. H. Borra-daille, the State analyst, showed every sample to be adulterated with wheat or corn starch colored with turmeric, and in one case gypsum was added.

Various adulterations of pepper exist to increase weight. Some samples examined last month were composed of sand, cocoanut shells, starch, piperine, and resin. The old adage that we must eat a peck of dirt before we die would surely be exemplified in the case of large pepper eaters, and they would perhaps be better off if the pepper consumed consisted entirely of sand, cocoanut shells, etc.

The class of adulterations to improve the appearance of foods is a large one. Formerly alum and sulphate of copper were largely used in bread for this purpose, but are not now used to the extent they formerly were. One reason for this decreased use is, I presume, that better looking grades of flour are now turned out at nominal prices, so that the color of the bread is good anyway. Alum has the peculiar property of imparting to bread made of second- or third-rate flour a quality of whiteness that it would not otherwise have; and also enables the baker to force into his bread a larger quantity of water than he could otherwise. The alum has the property, too, of retaining this water when the bread is taken from the oven, thus increasing the weight of the loaf. The amount of alum used is generally two to three grains to one thousand grains of bread. Alum being an astringent, it is decidedly injurious to health, and when taken in repeated doses day after day causes disordered and dyspeptic stomachs. Much of the constipation is undoubtedly due to the use of white bread and baker's bread containing alum.

The poor man who buys baker's bread adulterated in this way does not receive sufficient nourishment to enable him to do his day's work, and soon has enfeebled powers of digestion, which gradually ruin his health, and he is obliged

to stop his work and become a charge on the county. Did he eat graham or entire wheat bread, properly made at home, he would be spared this suffering and humiliation, and the county would be relieved of a charge.

The use of sulphate of copper to improve the appearance of bread is of course most objectionable. When the physician thinks his patient needs a dose of this poison he can prescribe it, but he does not want the baker to keep poisoning the patient while he is vainly prescribing for the stomach, bowel, or nervous trouble induced by adulterated bread.

The use of prussian blue to face tea-leaves is said by many authors not to be injurious to health. I am not prepared to say whether it is or is not. It is said to be insoluble in water, alcohol, and in weaker acids. Perhaps that is also true. But the delicate experiments by Naegele might prove otherwise. At any rate, it does not seem very probable that the combination of such a rank poison as the cyanide of potash and a ferric salt could be very wholesome. Yet, it may be no more deleterious than the unadulterated tea, which is poison to many people, if not to all.

Copper salts give pickles and canned goods a beautiful green color, and, in spite of the pure food laws, it is used for that purpose even in these days, with the result that we frequently read of cases of poisoning more or less severe.

Copper produces violent gastro-enteritis, fatty degeneration of the liver, inflammation of the kidneys, cramps, convulsions, and paralysis. The effects of the continued use of small doses of copper is a matter for further investigation. The cooking of vegetables, fruit, etc., in copper sauce-pans is often the means of producing this form of adulteration unintentionally. In the same way the salts of tin are often introduced into the food.

The use of mineral pigments in confectionery is a most vicious practice, as is also the substitution of ethereal flavors for those of fruits. The colors attract the eyes of the small urchin who has a penny burning a hole in his pocket, and the rank poison is quickly introduced into the digestive apparatus of children, to cause illness, or to prepare those organs for a thrifty

culture of worms, etc., and a lifelong stomach and bowel trouble.

Would that all parents would educate their children not to eat the miserable doses of poison that are sold under the name of candy! Homeopathic unmedicated pellets make an excellent substitute.

Many adulterants are for the purpose of imparting fictitious strength or quality. *Coccus indicus* is sometimes added to malt liquors for this reason. Of course we are all familiar with the profound action of this drug on the nervous system, producing, as it does, violent emesis, syncope, paralysis, convulsions, etc.

Sulphuric acid in vinegar has been quite common. But I notice in the later reports from some of the States, Michigan, Ohio, New York and others, that this adulteration is not often found.

The long-continued use of this acid in dilution injures the teeth, whitening and corroding them, sooner or later enfeebles digestion, produces colicky pains and diarrhea, impairs nutrition, causing marasmus and death.

Caramel added to coffee to improve the color, after adulteration with beans, peas, etc., is not only harmless, but an improvement on the original coffee so far as health is concerned.

Milk is so frequently adulterated for this purpose, and is such a universal food, that a more detailed statement of the methods employed will not be out of place in this paper. Mention has already been made of its dilution with water.

The last report of the Michigan Dairy and Food Commissioner gives us some valuable knowledge on this subject in an article by F. H. Borradaille.

Soda is extensively used to prevent, or rather cover, the impending souring of milk. It neutralizes the lactic acid, so the sense of taste does not recognize the disguised acidity. The curdling process, however, is not retarded in the least. As bacteria develop more rapidly in a slightly alkaline medium, disease germs by this treatment of the milk are more apt to do deadly work. Soda, too, as we all know, injures the stomach and bowels. Other ingredients used presumably for the preservation of milk are lime, borax, boracic acid, formic aldehyde, and salicylic acid. Milk containing these substances is

sold as "improved milk." Some of these substances are supposed to be almost harmless, if not quite so, but undoubtedly their continued use causes serious interference with health.

Salicylic acid is easily detected by its sweetish taste. Its dangerous irritant and paralytic qualities are too well-known and appreciated to need description here. Benzoate of soda, peroxide of hydrogen, saltpeter, and other drugs have also been used to preserve milk, and the unsuspecting victim has had his death certificate signed Bright's disease, paralysis, gastric or intestinal ulcer, perhaps appendicitis, etc., etc.

Coloring matters, too, are added to milk and its products. Annatto is the principal one, and, as it is used largely in its native home, the East and West Indies, as a flavoring and coloring for soups, is regarded as harmless.

Other coloring matters, however, such as Spanish saffron, or croccus, which is a powerful narcotic, stimulant, and emenagogue, are not so harmless. Among them are Martin's yellow, saffron substitute, picric acid, metanil or golden yellow, beta-naphthalene, all of which are active poisons.

Then when, in addition to these forms of adulteration of food, we consider the poor cooking as well, we have practically a double adulteration. In fact, poor cooking is doubtless the cause of much of the sophistication, as of bread, etc. It ruins the digestion, and drives men to the saloon.

How few women can make a good loaf of bread, can broil a steak properly, or can make a nourishing and palatable dish out of the material that is left from each meal and too often thrown away? Most families waste enough nourishing food to keep them supplied one half the time, according to the wonderfully exact experiments of Professor Atwater of the United States Experiment Station.

Education in cooking should really be a most important part of a common-school education. Not only the girls, but also the boys should be taught the value of the different food-stuffs, where they are found in nature, how prepared for food, and the danger of adulterants in the same, and how they may be detected. If all children were educated in these matters, our

people would be better off financially, physically, and morally. The sophisticator would be obliged to seek an honest calling. Food adulterants would largely disappear, and there would be no need for pure-food and anti-saloon laws.

While it is true that ignorance of the law excuseth no man, it is also true that ignorance necessitates the creation of many laws, and especially is this the case in the pure-food laws. Educate the people, so that they know a good article of food when they see it, and that they will know how to prepare it for use, and the laws will be enforced. As it is, the physician is the only one to educate the people on the subject, and he only can do that when the mischief of adulterated and poorly cooked food is accomplished.

Let us begin a few years earlier to cure that dyspeptic, that case of hemorrhoids, that case of Bright's disease, or that one of congested liver, by drilling our children in the common schools on the subject of pure food, what it is, and how it is prepared for human use.

A "PROTEST."

Editor AMERICAN HOMEOPATHIST :

I feel that a protest must be made to your "Walk in" sign paragraph in May 15, as we have one on our front door.

It was placed there after due deliberation and frequent annoyance of having to get up from a comfortable position with our feet on the table and being obliged to walk to the door and open it for some poor deluded mortal who imagined our sanctum was a place for fashionable calls. That sign tells them better, and they understand they can come into the reception room and make themselves comfortable until such a time as, in our own good pleasure, we can wait on them.

Very truly yours,

A. K. JOHNSON.

SAN BERNARDINO, CAL., May 22.

SHORTER INSTITUTE SESSIONS.

DURING the second day's session Dr. MacLachlan proposed that the sessions be returned to the former method of being held and completed between two Sabbaths: let them begin early in the week and be closed on or before the following Saturday. This proposition has much in its favor; principally time and money. Dr. MacLachlan said that the American Medical Association was able to close up

all its business in four days. But can this be done with advantage with the Institute composed as it is now? The Executive Committee is put to its wits' end each year to provide sufficient hours for each of the sections so that no two of a similar nature may lap over on each other. It seems practically impossible with the present order of things to shorten up the time and yet give each of the sections ample time. Of course if the policy adopted by the O. O. & L. people obtains, and each department goes out by itself, then there will be no special need for prolonging the sessions to a week—indeed, this may be carried so far that there will be no American Institute at all. Where lies the fault? Mainly in the conduct of the separate sections. This present session has made a grand step in the right direction: namely in that many of the chairmen have devoted all the energies of the section to some one topic, and appointed regular "openers" and "closers" of the discussion, thus cutting off much of the desultory eloquence with which the sections have in times past been filled. If this can be carried yet farther, or be observed more rigorously, it will prove a saving not alone in time, but in the stenographic work. It ought not to be a difficult matter to so arrange the sections with one paper, and, let us say, with written discussions, or limiting absolutely the volunteer speakers, as in the materia medica conference, to a certain number, and these to a certain non-extendable time, so that the Recording Secretary, with but one assistant, could carry along the reporting part of the sections. And, in a further saving of postage and printing in the less need for mailing every little paragraph dropped on the spur of the moment to that dropper, and afterward printing it in the over-plethoric volume of Transactions. It is gratifying to note the desire on the part of the better and more seriously thinking membership to cut off the Fourth-of-July speeches, and come down to actual brief, terse, practical remarks—a few of them—but well digested and equally well delivered. And it will not be long before Dr. MacLachlan's thoughts will fructify, even if it does not meet with proper recognition at this session. Another good point in his argument by Dr. MacLachlan, was that the extra three or four days spent at a hotel waiting for the arrival of the time when the special bureau in which the member is interested shall be reached, could be advantageously applied to the payment of the membership dues, and so relieve the embarrassed treasury.

The "therapeutic specialist" is the way in which our brethren of the speculum damn the general practitioner who fails to see a \$213.50 operation in every abdominal cramp.

AS TO TONICS.

THERE comes a time every now and then, in the history of a patient who has lain ill and despairing for a number of weeks if not months, when the physician is importuned by the family, if not also by the invalid, for something to "brace them up" and give new life and strength. As a homeopath the physician knows of no such thing. To him it is a makeshift and a possible menace to recovery. He is taught to give salt and advice only when needed; that is to say, not to give medicine unless there is a condition calling for the same. Hence, there seems to be no place for this allopathic cry for tonics, as there used to be, only a few years ago, a cry for a "bitters" in the morning, and a "nightcap" at bedtime. But whether it be pure homeopathy or not—perhaps it is only a psychological phenomenon—it is a fact that in many cases a spoonful of something that isn't mixed out of the physician's medicine case or saddlebags, or that isn't from the drug-store and nasty, appeals to the patient, keeps the family quiet, and helps the invalid. It is not a pleasant recrimination for a physician, after he has done all he could for a patient, to be told that he had done nothing for him but pour medicine down his throat, which he might have known the poor man or poorer woman couldn't stand in their then debilitated condition; but had he given them a little of this or that tonic, the same as Dr. Smith did in the case of a mentioned patient around the corner, our boy, or my husband, or her son, would still be living. You can't argue with such an apparent palpable fact as that. There is a good deal more in medicine than medicine. It is not all to get a case occasionally, it is very often as necessary to doctor the family as well and get them well as it is to put the patient back on his feet.

In an emergency of this nature the politic and diplomatic physician will take a compromise course, and so hold his family as well as get the confidence of his patient. Mellin's Food and Bovine and Imperial Granum, and many other articles with which the profession is familiar through long years of successful use, are helps which he cannot forget. But lately we have had some experience with a tonic which has pleased us exceedingly and made us anxious to help others who have had the same need and cry for such help. We have found that Hensel's Tonicum, a preparation of iron, does not disturb the stomach or cause injury in the least degree to the weakest invalid, so far as perceptible, and is a great and refreshing beverage and tonic to those who have been long prostrate and have grown tired of the "sweet" foods and drinks which friends and doctors have recommended. They have that convalescent

longing for something a little acid. And right here we have found use, and thankfully, too, for the Hensel Tonicum. It is a very grateful drink on a hot summer's day, after an exhausting ride on the wheel, if it be mixed with a little sugar and ice and a straw. It is very invigorating after a long mad chase after an elusive symptom through Gentry's Concordance volumes. It gives tone and snap to the nervously exhausted, the schoolma'am and her pupils; while its excellencies in menstrual difficulties, in growing girls or in nursing women, is something to be appreciated only after the use of a little of Hensel's Tonicum. Our readers know our indisposition to the advertising of proprietary medicines. But in this case we feel that it is an actual benefit to be conferred which every physician will be glad to hear of. When we add that this preparation is handled by that old and reliable homeopathic pharmacy, Boericke & Tafel at Philadelphia, we believe we have pretty well established its claim to recognition and use.

Book Reviews.

ORGAN DISEASES OF WOMEN, NOTABLY ENLARGEMENTS AND DISPLACEMENTS OF THE UTERUS, AND STERILITY, CONSIDERED AS CURABLE BY MEDICINES. By J. COMPTON BURNETT, M. D., Author of "Tumors of the Breast," etc. Philadelphia: Boericke & Tafel. 1897. Price by mail \$1.05.

It is always a refreshing draught to be given one of Burnett's little books, be the subject whatever it may. He is sure of interesting the reader, and more often not only interesting but instructing him. He talks in that pleasantly confident way of his which carries a good deal of conviction. And to be commended especially in all his little books is his deliberate way of saying that medicine will and does cure so many of the conditions for which, and for so many years, the knife has been recommended by the mechanical-end of our school. It is a demonstrable fact that many a woman to-day is a misery to herself and a reproach to the surgeon who tempted her by a promise of complete cure to have her in'nards ripped out *secundum artem*; while others, who were equally tempted, were saved from this same disastrous consequence by falling into the hands of more conservative surgeons of the school and treated both with medicines and local measures. Who, of the reading (medical) profession does not remember how, less than ten years ago, it was preached and gladly believed by ambitious young men that a woman with a lacerated cervix must be operated upon or else she would quickly

develop uterine cancer? Do we dare say this to-day? And so with other fads—for that is all they were; a novelty which attracted the pushing, ambitious, mechanical minds in the medical ranks and tempted them to believe, as they did believe, that here there was something decidedly more radical and permanent in the way of a cure for ovarian neuralgia than giving colocynth or chamomile tea or applying flax-seed-meal poultices, or doing other of the usually successful but antediluvian things, and this consisted in the quick and antiseptic taking out of that ovary and the womb and the other offending things. Yea, verily, if thine eye offend thee pluck it out! This opened a wide field for operations, and the instrument-makers were in the zenith of their prosperity. Operative chairs began to multiply in the homeopathic colleges; and homeopathy, poor old-fashioned homeopathy, the Law of Cure, was relegated to some inoffensive, innocuous, mild-mannered person who wasn't gumptious enough to do anything else but just cure diarrheas and coughs and fevers; and who read off a few perfunctory lectures on aconite and pulsatilla and zincum. Is not this true even to-day in some of our scientific homeopathic colleges? Look up the catalogues of seventy-five per cent of the homeopathic schools to-day, count the chairs, and note the preponderance of surgical measures. Is it to be wondered that the laity are becoming afraid to call in a new doctor because he is so very ready to recommend a fifteen-dollars a week trained nurse, an operation to cost seventy-five or one hundred dollars, and many complex paraphernalia costing other hard-earned dollars? But to return to Burnett.

This book like his other books is filled with a breezy recital of cases cured with medicines alone, and that, too, of diseases many times pronounced incurable, where operations had been absolutely commanded as the only means of prolonging a miserable existence. Dr. Burnett is especially to be commended in this his latest volume for prescribing homeopathic remedies that are well known and upon symptoms with which every (medical) schoolboy is familiar. In some of his preceding books he had fallen into the bad habit of recommending the use of remedies with which the homeopathic profession, as a rule, were not familiar,—not even with the names of the remedies prescribed; it was too much on the line of organopathy and kindred ideas; but in this book before us he deals plainly with ordinary everyday female conditions and treats them with ordinary everyday homeopathic remedies. His descriptive matter is very charming; it shows the educated man as well as the well-trained medical student and practitioner.

For a while, say several years before last August, although we always admired his little handbooks, we had fallen into the belief that most of Burnett's geese were swans; that he never had any except successful cases. But a personal acquaintance with him in London last fall, a careful study of his manner of practice, and a survey of the field in which he works with so much success, as well as his reputation with those of his own guild, caused us to change our previously formed opinion and to give him the credit that is his honest due. Dr. Burnett's works are honest and trustworthy. He is an exceptionally successful practitioner, and his books reflect his manner of dealing with patients and professional people.

As for this book before us, there is nothing in especial to say for it and absolutely nothing against it. It is in the usual vein of Burnett, a book to be purchased and used in the office, and carried in the coat pocket while on the road; its principles should be carefully conned and, with the instructions, applied to the first case met in our daily round of business. One closing word. And it is this: 'There is many a young married woman, in our country, to whom it would be the saving of years of misery and affliction, an unhappy domestic life, and a possible premature death could this little book be placed in the hands of herself and her husband. It contains little "dabs" of truth that would startle the ordinary newly married couple and tend to make them go slow on some of the modern practices of the married life.

Globules.

If the "therapeutic specialist" could go to each bedside and at once, drawing a long face, declare that the case was beyond reasonable hope of cure—having waited too long—he could do, perhaps, as the "mechanical specialist," *i. e.* take the case and try it. If the patient dies, it is a clear case of "I told you so"; if, however, he gets well, why, then, look you, it is due to our exceeding great skill! You remember the accurate method adopted by that French physician in foretelling the sex of the child in utero? Having made his examination he says, "It is a boy"; but in his tablets, at the date of the expected confinement he writes: "Mrs. X., a girl." If the event proves to be boy, nothing is said but praise. If it be a girl, and the prophet is twitted with his false prophecy, he turns to his tablets and reads off: "Mrs. X., a girl." That shows that the family misunderstood the prophecy, for is it not written? But the "therapeutic specialist" hasn't got that kind of a hole through which

he may crawl in time of trouble. When he takes the case he gives tacit bail to that family that he will cure. And when the case dies, it is due to the ignorance of the general practitioner, or because he did not trundle him—the patient—to the nearest hospital for an operation.

The Southern Homeopathic Medical Association will meet in Nashville, Tenn., October 19, 20, 21, 1897.

Serum therapy and erysipelas toxin may yet take from the general practitioner what little the modern gynecologist has left him to do! Looks bad for the general practitioner; indeed it does.

A young lady, Miss Gertrude Pearson Jackson, carried off the honors at the annual commencement exercises of the College of Physicians and Surgeons in Boston, and she was so young that she could not receive her degree at that, being under twenty-one years of age.

There are but few sanatoriums throughout the West devoted to the special care of nervous and mental diseases. Dr. Givins' sanatorium, "Stamford Hall," at Stamford, Conn., provides excellent accommodations and the special care desired. It is a beautifully located country cottage home near the seashore.

Homeopathic remedies, if applied STRICTLY under the law, and INJECTED into the *localized disease* [Shades of Hahnemann!] may sometime cure that tissue. Unfortunately there is no hard and fast guarantee that when this peculiar homeopathy has cured that *disease*, that the patient will be alive.

Cancer is a curable condition if taken in time! Of course. That little subjunctive saves that statement. But when is *the time*? Did the knife ever "cure" a case of cancer which had been microscopically so pronounced? You can "cure" a dog of hydrophobia if in the preceding winter you cut off his tail just a few inches back of the ears.

There was a good deal said about eye-solation, and eye-solated things at the Institute—and not always in the eye-bureau. Eye-sopathy also came in for a little black-eye-ing. But why not stick to good old fashioned English when making reports. French words written are not so bad; but they do sound horribly when mispronounced.

In a case of extreme debility following gastric ulcer and the passing of biliary calculi, where nourishment could be taken only by rectal enemas, Eskay's albumenized food was presented and was easily borne. The patient took it exclusively for ten days, and rapidly gained in strength. At the end of this time she added milk and cream in increasing quantities.

Though now able to take her usual mixed diet, she yet continues the use of the food, since she finds it palatable as well as nutritious.

A late number of the English homeopathic journals gives notice of the jubilee banquet at the Hotel Cecil (London) in commemoration of the freedom from debt of the London Homeopathic Hospital. We deem this a proper occasion for a jubilee banquet. Will there now be some more Corresponding Memberships issued by the B. H. S. to commemorate this occasion? Sir? No! we don't care for any.

Says Dr. McCall, in the *Woman's Medical Journal*, "In cases of labor marked by unusual suffering in second stage, pains of nagging sort, frequent or separated by prolonged intervals, accompanied by nervous rigors and mental forebodings, give one or two doses, five grains each, of antikamnia-tablets. Indeed, in any case of labor small doses are helpful, confirming efforts of nature and shortening duration of process."

It is somewhat discouraging to sit in an Institute sectional session and have one section of that section build a tower to touch the seventh heaven, to be followed by another section of that section who as energetically pull it down—so that when the listener has extricated himself from the rubbish and cleared his eyes and ears of the dust and débris, he is not sure that he has anything valuable to take home with him, except a noise!

The "therapeutic specialist" who fails to bring his operative case to the "mechanical specialist" in time, may as rationally say as the latter, that if *he* had seen the case in time, there would have been no need for an operation. But the chances are a thousand to one that he, the "therapeutic specialist," does not get the case until after a year or two of Hood's Sarsaparilla and Lydia Pinkham Compound, and the remaining sure cures of all the ails and ills of human kind have put the therapeutic treatment in doubt. So that the "mechanical specialist" should not be too ready to fire stones and sarcasms at the "therapeutic specialist" for delaying too long the bringing of the operative case to the "mechanical specialist."

In a case of dysmenorrhea of some years' standing, Aletris Cordial has proven wonderfully efficacious, says Dr. Geddes. It has apparently given to the sufferer complete relief.

The American Homeopathist.

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NEW YORK, AUGUST 16, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



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POSTAL ABUSES.

THIS has no reference to the pounds and pounds of second-class matter which reach this editorial table each month that ought never to be admitted under this class—because not “sample copies” in any, even the remotest, construction of that elastic term; but it does refer to the custom of this great and glorious government of ours, through its putative servant, the Post-Office Department, agreeing with a publisher or other sender, to take, and send, and deliver to a person or firm at another point a

parcel or book, and then, having so agreed upon, and received in full the required compensation therefor, demanding that the distant recipient expend ten cents in car fare to visit the receiving post office and himself get that parcel or book. If the parcel be too large for the carrier to carry, why not refuse to accept it at the initial office? But having once honestly agreed to deliver the package, the Department should not deem itself absolved of its full contract with the sender, when it has dumped his package into a building within three miles, more or less, of its plainly directed destination. If it is going to require ten cents more for the recipient to receive the parcel, why not say so at the sending office? Isn't this a bit of small business on the part of the monopolistic Post-office Department?

TAKE this instance: Having written and printed what to us seems an especially classical editorial on some current subject, in which we believe a distant brother editor or member of the profession is interested, or may have quoted and commended, we are desirous of showing off our cleverness to this distant friend; whereupon in the innocence of our belief in the *bona-fides* of the Post-Office Department we bundle up a number of the issues of that issue so containing our clever article, carry them to the post office, have them weighed, affix the proper amount of postage, and thus they leave our hand with our good wishes accompanying, a present to the other doctor, friend, or editor. When that package, thus prepaid, reaches him in due course, he is informed by the local postal authorities that there is a package in that office, directed to his address, but too large for the carrier to carry. He knows nothing of the package; he boards the street-car, pays a fare or more to go there, and the same in return, only to find that it is a parcel of medical journals for which we, at this end of the line, had paid all that the department required, and for which he, at the other end, ought not to be taxed a single penny additional. In these rapidly on-speeding prosperous McKinley

times ten cents are ten cents ; and several such ten cents-es thus violently and under false pretense extracted, make possible a good deal of profanity at both ends of the line, ultimating in a request from the recipient of the fully prepaid but undeliverable post-office goods (because of the weak-backed carrier) to the dispatcher of fully prepaid post-office merchandise, to keep his presents at home until called for by a dray or moving van.

* *

AND there seems to be no way to remedy this petty evil under existing rules of the local-carrier system. We have tried repeatedly to so dispatch a parcel through the post office that the destined receiver need pay not a penny, but without avail. There really seems to be but one way to avoid this annoyance short of not sending at all, and that is to mail the issues of the journal in separate wrappers on different days ; the cost being the same ; in reality, cutting off the dog's tail by inches instead of at one fell swoop. Therefore, before this great and glorious government spends much more time and money in perfecting a country delivery, where the average farm-hand gets about one letter a fortnight, and nothing more except his weekly *Christian Advocate*, the county paper, and a hatful of green-goods circulars, cheap jewelry, congressional or populistic literature, let the existing abuses, of which the foregoing is one, based on the antique Postal Laws and Regulations of 1879, be in some slight measure regarded, and the relief applied with a gentle but prompt and reforming hand.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West
Eighty-fifth Street, New York.

References in this department are made by number.
See issue of January 1, or December 15, of each year.

The Viruses of Tuberculosis.—Dr. Francois Cartier⁹ discusses the use and indications of the three viruses, Koch's lymph, bacillinum, and avian tuberculin. He finds that few characteristic symptoms are obtainable from them, and decides that it is more wise to guide one's self in the homeopathic application of the therapeutics by the clinical symptoms of the evolution of the various tuberculosis, than by the intoxication produced by their active products, the tuberculins. Koch's lymph he has not used, but cites reports of its successful use in nephritis, tuberculosis, and pneumonia.

He regards bacillinum as owing its efficacy to its constituent products, the suppurative microbes, as well as Koch's bacillus. He considers it a powerful moderator of the muco-purulent secretion of consumption. While diminishing the secretion it modifies the auscultation ; there is less thick sputum, the cavities are drier, the peri-tuberculosis congestion less intense. The clinical symptoms follow those of the auscultation ; as the patient expectorates less he is less feeble, coughs less, gains strength, and regains his spirits ; but the tubercle remains untouched. The peri-tuberculous congestion only is diminished, as one may observe with the naked eye when Koch's lymph is employed in the amelioration of lupus. The peri-tuberculous inflammation disappears ; the skin seems healthy, but the yellow tubercle remains as it was, and the patient is still uncured.

The peculiar characteristics which indicate bacillinum for non-tuberculous maladies of the respiratory organs are, in his opinion, the two following : The first is oppression ; the second, muco-purulent expectoration. These two phenomena show themselves always in the last stage of tuberculosis ; that is to say, together with the products contained in the preparation of bacillinum. Dyspnœa resulting from bronchial and pulmonary obstruction caused by a superabundant secretion from the mucous membrane is marvelously relieved by bacillinum. He put forward this fact, not on the evidence of a single isolated observation, but on that of several cases conscientiously studied. Such expectoration leads to the auscultation of sub-crepitant râles, sounding liquid and gurgling, having some analogy to the moist sounds of tuberculosis.

Bacillinum is a drug for old people, or, at any rate, for those whose lungs are old ; for those chronically catarrhal, or whose pulmonary circulation is enfeebled without regard to the age of the subject ; for those who have dyspnœa, and who cough with difficulty from inaction of the respiratory ducts ; for the humid asthmatic, the bronchorrheal, who feel suffocated at night ; and, finally, for those who, after taking cold, are straightway attacked with pulmonary congestion.

Neither does aviaire cure consumption. He considers it indicated when, after some weaken-

ing malady, with an incessant tickling and stubborn cough; with certain closely localized pulmonary symptoms; with a loss of strength and appetite; in a word, where there is bronchitis whose upshot is highly doubtful, and which causes apprehension of tuberculosis.

Sticta Pulmonaria IN RHEUMATISM.—Dr. Elias C. Price²² had often noticed, when using sticta in rheumatism, a spot of inflammation and redness over the affected joint, which resembled the hectic cheek in consumption. He began to regard it as an indication for sticta.

In 1869 he was called to see a boy seven or eight years old who was suffering with acute rheumatism of one knee, ankle, toes, wrist, and fingers; also valvular disease of the heart, the result of an attack one year before. There was pain and stiffness of the joints; inflammation and redness of affected parts.

"In this case the first prescription was acon. and sulph. Next day no better; prescribed sticta one part to nine of dilute alcohol, ten drops of this in half a glass of water and gave one teaspoonful every hour. The next day there was a considerable quantity of fluid discovered in the knee-joint, but otherwise the patient was better. I concluded to give the sticta one or two days longer to reduce the inflammation and then follow it with sulphur. The next day one-half of the fluid had disappeared; I continued the sticta. The following day all the fluid had disappeared, and as the patient was in every way better I continued the sticta, and in nine days dismissed him cured. The winter before he was under the care of three different homeopathic physicians (who always stick to the old remedies), about four months."

Dr. Price had many other cases cured by sticta alone, except a few scrofulous patients to whom sulphur was given as an intercurrent. In chronic cases sticta is entirely useless.

Senecio Aureus.—Dr. A. S. Marcy⁹ observes that the chief use of this remedy has been in the regulation of the menstruation functions. It can be truly said of senecio that it is a "female regulator"; the lines are clear cut and closely drawn; the result is prompt, when used by indications herein laid down. This remedy when better known will be used in cases where pulsat. has heretofore been employed.

There is the same general coldness, a nervous, restless, sleepless condition, debility, nausea, impotency, a feeling as if menses would appear. All conditions hang on this great function, "the menses." If this function is not abnormal, do not look to this remedy as a cure for your patient. In cases where menstruation has never been established, or where the periods are very irregular, either early or delayed, or flow may be scant, or profuse, of too long duration, or ceasing entirely, with or without cramps and pain, and very often with painful urination, whatever may be the combination and its train of attendant symptoms, senecio covers all and will restore health where it is possible, the cure all depending on correcting this morbid and deranged condition of the menstruation.

Hyoscyamine IN PARALYSIS AGITANS.¹⁰—Hyoscyamine is coming to the front with promise of relief for this disease, which has long been looked upon as a *bête noire* of the profession. Notwithstanding favorable results from the administration of a remedy by no means justifies a claim for it as a specific, yet the experience of Chalmers of Chicago is a sufficient warrant for a test of the drug in similar cases. The first case was that of a clergyman, where the shaking of the head and the right upper and lower extremity had been on the increase for four years. A drop of solution of hydrobromide of hyoscyamine, two grains to the ounce, was put into the eye; in twenty minutes the shaking had entirely ceased, and at the end of three-quarters of an hour speech was difficult and the patient unable to rise from his chair. This partial paralysis gradually disappeared, there being no return of the shaking for several hours. In this case the use of a solution of one grain to the ounce was sufficient, applied at stated times, to keep the patient entirely comfortable. Even a temporary relief obtained without injury to the system will be hailed with gratitude.

Ferratin IN TUBERCULOSIS.—Dr. W. T. Parker, in a paper on "Normal Horse-blood Serum in the Treatment of Tuberculosis," read before the Section of State Medicine at the June, 1897, meeting of the American Medical Association, speaking of the treatment of tuberculosis, says:

"In those cases where tuberculosis has been

successfully treated by therapeutic methods, iron has been the most valuable remedy. As everyone knows the preparations of iron are very numerous, some of them positively harmful, others inert and useless, while a few are capable of being readily assimilated. Of this kind ferratin is one of the new remedies recommended by the committee of revision for adoption into the new fifth edition of the Russian Pharmacopeia (*Chemiker Zeitung*, 31, 1897).

"This is an organic iron compound of albumin and tartrate of iron, forming a definite iron albuminic acid; it contains seven per cent of iron, is readily absorbable, does not constipate, and has no untoward effects. On the testimony of its discoverer and others it is identical with the natural ferruginous element of food, absorbed in the system and stored in the liver and other organs as a reserve iron for blood formation (*Journal American Medical Assoc.*). Lately this preparation has attracted considerable attention, not only in Europe, but in this country."

GENERAL AND LOCAL REQUIREMENTS FOR THE PREVENTION OF THE INROAD AND SPREAD OF EPIDEMIC AND CONTAGIOUS DISEASES—NEEDED MEASURES FOR THEIR ULTIMATE ANNIHILATION.*

By JOHN PRENTICE RAND, M. D., Worcester, Mass.

A CORRECT understanding of any difficulty is the first step toward its solution. Activity without intelligent direction is energy wasted, and faith that expects to escape the results of wrong-doing by any interposition of Providence is faith wasted. Disease is the natural result of a specific cause, and, had we but sufficient knowledge, might be as readily recognized in the germ as later on.

I have no time to argue with that physician who does not admit the influence of micro-organisms in the production of contagious disease. If disease is communicated from one individual to another at all, there must be some pathogenic material or germ—call it any name you please—by which the contagion is carried. It must also follow that this morbid matter, once taken into the system of a susceptible per-

son, multiplies for a time, which we call its period of incubation, before its pathogenic effects are fully manifest. In other words, it grows, and if it grows it surely is alive, as truly as the reverse might be said of a practicing physician: if he is really alive he grows.

Now, thanks to indefatigable labors by our bacteriologists, the specific cause or germ of many diseases has been distinctly recognized, and the indications are that in the near future the same may be said of others.

Indeed, the entire history of successful prophylaxis can be explained only in accordance with the now accepted theories of science. The art of sanitation is not new. Many of our most important discoveries are hoary with age. The good housewife knew the value of sterilization long before the scientist could tell just how the applied heat produced its effect, and the practical physician of to-day has scores of expedients whose action he would not attempt to explain. We welcome every fact in human experience as a stepping-stone toward universal truth, and pray that in the fullness of time other Newtons may arise who from the simplest observations may evolve the secrets of the universe.

But to my theme. My subject is too large and the time too short to allow any mention of particular disease. I shall not even attempt to enumerate many necessities of local sanitation. All forms of contagious disease have features in common, and what I have to say will apply to all.

If we ever expect to exterminate or even to control contagious disease, there are a few things that demand our most serious consideration. I am starting out with the proposition, which few at this age have the temerity to deny, that the germ theory of disease is correct. The victories of preventive medicine must still be wrought out in the laboratory. The culture tube and microscope must show the way and point out the weapons of attack. It is of the utmost importance that we commence aright, and to commence aright we must first know the specific germ of the disease in hand, so that we may be able to recognize it under various circumstances. Unless this is done, however well equipped we may be for its destruction, we are shooting in the dark.

* Presented at the Fifty-third Session of the American Institute of Homeopathy, Buffalo, June 24, 1897.

Next we must study each germ by itself, and find out what are its peculiarities of habit and growth. On what food it exists. In what temperature thrives. To what other bacteria is it inimical, what other bacteria will in turn exterminate it outright? What agents will retard and what destroy its vitality, especially what effect will the direct sunlight and the electric current have upon it? Are these agents such as can be safely applied to living tissues, or can they only be made use of outside? All these things and many more must be found out by experiment in the laboratory before we are prepared to engage in combat with a single disease.

Bacteriology is the alphabet of sanitary science. And every microbe must be mastered by itself before we can read the volume as a whole. The skillful hunter knows his game before he starts, and arms himself accordingly. And the successful sanitarian must do the same.

Having now found out the secrets of the laboratory, we are brought to quite as important and a still more difficult task, viz.: The study of specific germs as they appear in the human economy, and their modes of exit therefrom, and entrance into the same.

The human system is a culture ground more or less adapted to every form of pathogenic bacteria, as well as to countless beneficent varieties of which we take no account. Now the same tests, so far as possible, must be applied here as in the laboratory. What agents, conditions of health, exposure, and environment will disarm hostile germs of their inherent power and render them innocuous? We may know from our previous study what agents will destroy these germs outside the body, but here arises that truly vital question: How can germs once taken into the body be destroyed or the results of their toxins antidoted? This problem we may never be wholly able to solve, though it is an important one, which confronts us at the very door of sanitary science.

It is at this point that hygiene, including all the word implies of pure air, cleanly surroundings, and inspiring occupation, comes in to have a direct bearing on the case. To know all that is possible to be known of health-giving and health-restoring measures, both from the theoretic-

cal and clinical standpoint, is a part of the function of preventive medicine.

And in the next place the people must be taught. I am taking these measures, it seems to me, in their logical sequence. First the germ of each disease must be discovered, and its every characteristic and peculiarity of habit, both inside and outside the body, understood. Second, the physician must supplement the knowledge of the bacteriologist with all the clinical manifestations of disease; and third, the whole people must be made acquainted, so far as possible, with all the practical information deduced from the observations of both.

The people can be trusted to carry out sanitary measures if they are made to understand the reasons. Until then they are naturally perverse, and why not? The health officer comes into the house, and without, perhaps, a word of explanation demands that this, that, or the other thing be done. At once the spirit of '76 asserts itself, and the proprietors defiantly determine to do as they please. The result is, that the people, and it is really they who have the bulk of any work to perform, become indifferent, if not positively antagonistic, to the health official, and fail to carry out his demands. The profession must take the people into its confidence to gain that hearty co-operation without which all sanitary laws are futile.

But the people are not at all intelligent. Many recognize no law but force, and for such, legislation is necessary. Indirectly, of course, all are brought under its influence. Yet a law to be of any use must not only appeal to the intelligence of the community, but also to its sense of justice and fair play. Many times the law becomes a dead letter on this account. For instance: It is not right to debar a man from his daily avocation, for the public good, without some remuneration.

It is not right to condemn a herd of cattle upon which he depends for support, and which previous to the *uncertain test* of the cattle commissioners had a distinct market value, and compel him to bear the entire loss. Such laws fail of their object, and are doomed from the start. The public is able to pay for all it demands of the unfortunate individual, and will have to do it if ever sanitary law is a complete success.

I have thus indicated in a cursory way the fundamental points in successful prophylaxis. Let me repeat. First, *to know* the *materies morbi*. What it is. How propagated and conveyed from one individual to another. How retarded and antidoted when once taken into the system, and how gotten rid of and destroyed when outside. Knowledge is power, and without such knowledge as a starting-point, however great the activity, there can be but little *progress* in prophylaxis.

Second, *to teach*; to tell the people as much as they can comprehend of the whys and wherefores of all you attempt to do, and enlist their intelligent co-operation. The health officer can be in only one place at a time. Disease is everywhere present, and every individual should be made to feel in some measure responsible for it. Except as the people realize the justice and necessity of sanitary laws, they will never consent to aught but the most perfunctory recognition of them.

Third, *to command*. "The whole of an object is greater than any of its parts." The welfare of the community is the highest good. The individual must not menace the public health, and to this end society must protect itself. From this principle arise all forms of sanitary enactments, quarantine, etc. For the same end are passed various laws to regulate the practice of medicine. But the farce of "State Sovereignty" never appeared more conspicuously ridiculous than in the diversity of laws for the control of medical practice in these United States.

Why should disease be allowed to be propagated upon one side of an invisible line to the risk and positive injury of the other? Why should a physician be culpable for opening an office to practice his profession in different parts of the same neighborhood?

State lines may be tolerated upon the surveyor's map, but in the geography of health our country should be indissolubly one, from ocean to ocean and the Lakes to the Gulf.

So much for the necessities of sanitation in general. What remedy in particular have we to suggest and recommend at this time? The Golden Rule as applied to national polity does not seem to exist. Each nation legislates for itself, regardless of the common brotherhood of

the race, nor do we expect any immediate change in these respects. However much we may deplore this condition, facts remain, and we must shape our course accordingly.

We would that the entire world might become a unit in sweet philanthropy, but it won't. The lion and the lamb have no new way to lie down together. We would that sister nations with a common religion, language, and civilization might become the same—but most we would that this grand Republic of fifty-one interdependent States and Territories might become one in intelligent sanitation.

There is no people not represented upon our shores, and hardly a climate that cannot be duplicated here. We may, then, at certain seasons and in certain localities be endangered by any form of contagious disease that exists on the habitable globe. Such, then, is the situation. What means, if any, have we to escape?

"In union there is strength, in discord weakness." While we may not dictate terms to the "concerted powers," we should at least present a solid front at home. We need a complete national system of quarantine and sanitation—a national standard for medical education, and in matters of public health a monarchy of the most determined sort. A recent article in a current magazine very truly says: "If things go on as they seem to be going, we shall have to abandon popular government so far as hygienic restrictions are concerned, and make our health officer a sort of dictator or despot."

"Some time or other when the people recognize how much disease is due to the conditions among which men live, they will arise and demand to be made healthy. They will set up a king to rule over them in the name of sanitation, and his yoke will not be easy."

Is it any wonder that our physicians are subjected to all sorts of indignities abroad when our country presents such a "crazy quilt" of medical legislation at home? When States of the first magnitude insult every chartered medical institution by subjecting its graduates to a special examination before allowing them to practice. Think of granting a college the right to educate physicians, and then branding the physician as an outlaw, if he attempts to use that education, before submitting to an additional examination of the

State Board! There surely must be a leak somewhere, when every graduate is black-balled and the college escapes. What progress can ever be made in stamping out tuberculosis when the cattle condemned in one town would be used in the next for food!

Or yet in the advancement of social purity, when divorced parties lawfully married in one State may be arrested in the next for adultery.

E pluribus unum is all right in theory, but in matter so vital as the public morals and the public health the *unum* should stand first.

If any questions the possibilities of sanitary science under national control, let him compare the efficiency of our magnificent postal system, both in celerity and expense, with any of our competing lines of express for doing the same work. I am even enough of a socialist to say that the public health would be subserved if all our telegraphs and railroads were brought under government control. In times of *extreme* epidemics all passengers should be inspected before being allowed to enter the cars or migrate from place to place. And at all times, as often as twice a week, for the convenience of traveling invalids, every trunk road should run an ambulance car which should provide all the sanitary advantages of a hospital together with the comforts of home.

Not least among the advantages of national sanitation is the respect to central authority which everywhere obtains. When the representative of a nation speaks the people listen, and when he commands they are wont to obey. The individual community is poor, perhaps untrained in sanitary matters, but when that community becomes considered a part of a great nation all the resources of the government can be centered upon it.

You ask how is this to be brought about. Let us see. We have a Secretary of State, a Secretary of War, a Secretary of Agriculture, etc. We should have a *Secretary of Sanitary Science*, whose sole duty should be to guard the public health. That nation is not poor, but penurious, that fails to regard the welfare of its people as the highest good. Say what you will of exorbitant taxes and hard times, there is no money expended by the average citizen which yield him such magnificent returns.

In the name of the public good we fortify our harbors, create navies, support armies, and for—we know not what. We should also establish institutions for the increase and dissemination of sanitary knowledge, whose value we surely know.

The Secretary of Sanitary Science should be an expert physician and bacteriologist, and under him in every seaport and village should be trained assistants whose express duty should be to prevent disease from stalking abroad or being smuggled in. And this reminds me that the *reciprocity* idea of limiting disease to the country in which it originates is both possible and eminently practicable.

If any two nations, like England and the United States, for instance, should consent to an agreement for the prevention of contagion in times of epidemic disease, that no person should be allowed to embark from one country to the other until he had been under medical inspection for at least two weeks, the chances of disease breaking out on shipboard would be exceedingly small. If in addition to that, the usual quarantine be maintained at the port of destination, the possibilities of danger need hardly to be considered. *Reciprocity* for the protection of the public health is as truly worthy of national consideration as for a depleted treasury.

In the development of this idea of national sanitation there would naturally arise at convenient distances bacteriological stations where any physician could obtain cultures and submit specimens, without expense for microscopic examination. The physician in charge should also be an expert in plumbing, disinfection, and the detection of adulterated foods—in short be able to *do* all that our boards of health *attempt*.

The farce of local sanitation, "to be shunned needs only to be seen." In many places the boards of health are but cheap politicians with no medical training whatever. Can the government thus afford to play hide and seek with disease?

I have not time to elaborate this thought of national sanitation. Its scope is as broad as the continent and as specific as the necessities of the individual. It approves all methods and procedures now known to science, and reaches out with intelligent grasp for more. It would

preside over the creation of public water supplies, and see that they are properly filtered and distributed. It would watch the erection of private dwellings, of factories, and schools, and demand that they be securely built and sufficiently ventilated. It would attend to the disposal of offal and sewage and prevent it from becoming a hotbed of disease.

It would call to its aid the culture tube and microscope, and compel the blood, sputa, and intestinal secretions to yield up their secrets. It would appoint officers to inspect our schools, factories, and sweatshops that none through them be stricken down with disease. It would forbid the expectoration of morbid matter in public places, and carefully preserve the vital statistics of the day.

It would seek out the most approved forms of disinfection and provide it at the public expense. It would establish standards for medical education, and decree that none but competent physicians be allowed to practice.

As the population increases it may demand that all bodies of the dead be disposed of by cremation. It would compel the State to care for its paupers with kindness and gently treat those poor unfortunates, the insane. It would accept the verdict of history in regard to the preventive power of vaccination, and act accordingly. It would offer retreat for acute disease, create sanitariums for tuberculous patients, and forbid the social impurities of the day. It would erect public baths, and say to the filthy, wanton, and ignorant: "Wash and be clean." All these and more a national board of sanitation could supply. To-day we are but in the glimmerings of preventive medicine. If we only knew enough we might enjoy good health, but between ignorance, indolence, and shameful indifference the very reverse obtains.

"Man's inhumanity to man
Makes countless thousands mourn."

The art of sanitation is above all schools and schisms in medicine. It cannot be hemmed in by State lines—even a nation is too small for its scope. In paraphrase of the Christian Endeavor watch cry, our motto should be, "The world for sanitation and sanitation for the world." Till then, as a stepping-stone toward universal philan-

thropy, let each government essay by wise legislation and diplomatic courtesy to protect the health of its people as sacredly as their financial interests.

The foregoing proposition for a national system of quarantine and sanitation is not new, though at the time of writing this paper I had no conscious recollection of having ever seen it. Through the courtesy of Hon. J. H. Gallinger, M. D., I have been enabled to secure the latest annual report of the Marine Hospital Service, from which I learn that a National Board of Health was created by Congress in 1879, which had an active existence for four years—when Congress refused to make further appropriations for its support, and, of course, its service ended.

Owing to the introduction of cholera in the port of New York in 1892, the attention of Congress was again called to the matter, with the result that on February 15, 1893, the old board was abolished and its principal duties delegated to the supervising Surgeon-General of the Marine Hospital Service under the general jurisdiction of the Secretary of the Treasury.

This act provided for the formulating of uniform regulations to be observed by all the States and local quarantine authorities for preventing the introduction of epidemic disease either from foreign countries or from one State into another. These laws for the most part are left for the local authorities to enforce, but should they neglect or refuse to do so, the President is empowered to appoint a special officer for the service.

At present the national government has complete control of eleven fully equipped quarantine stations. These are located at: 1. Delaware Breakwater; 2. Reedy Island; 3. Cape Charles, Va.; 4. Southport, N. C.; 5. Blackboard Island, Ga.; 6. Brunswick, Ga.; 7. Dry Tortugas, Fla.; 8. Ship Island (Gulf of Mexico); 9. San Diego, Cal.; 10. Angel Island, Cal.; and, 11. Port Townsend, Wash. In addition to these, it maintains quarantine inspection at seven other ports, making in all 18 out of 119 United States ports of entry under national control. Regarding other sanitary measures such as manufactures, adulterations of food, etc., the national government exercises no supervision whatever. Each State has its own health

laws and regulations, and each city its own local board of health for executing the same. The need, however, for some central authority to preside over both inland and marine sanitation is evident.

Dr. Walter Wyman, Surgeon-General of the Marine Hospital Service, says: "The carrying of disease from one city or town to another by means of water courses has long been definitely known. In this country it is impossible for any State bordering on a river, even by the most stringent laws, to protect the health of its citizens, because it has no jurisdiction over the others."

In some instances local quarantine is not only needless, but an absolute nuisance, for example: "By request of a joint committee representing the States of Pennsylvania and Delaware, a national quarantine station was established at Reedy Island, and no vessel passes up the Delaware River or Bay without inspection by a national quarantine officer." And yet the Health Board of Pennsylvania maintains an inspection at *Marcus Hook*, a few miles above Reedy Island, where vessels are reinspected and fees collected, after being passed by the national quarantine officer. In the same way double inspection is practiced at Port Townsend, Wash.

Under such circumstances is it any wonder that thinking men have already turned their attention is national quarantine as a remedy needed? First to do this was the New York Chamber of Commerce during the cholera invasion of 1892. In January, 1893, the New York Board of Trade took up the question by a special committee which reported as follows: "The conclusion of your committee, therefore, is that it is essential to the safety of our people and the protection of their lives that a national system of quarantine be established."

On December 4, 1893, Mr. Platt introduced a bill into the United States Senate (S. 1153) to establish a Bureau of Public Health within the Treasury Department. The provisions of the bill were that the United States be grouped into nine sanitary districts, from each of which a commissioner should be appointed, who, together with two commissioners at large, the Surgeon-General of the Army and of the Navy, supervising Surgeon-General of the Marine Hospital Service, and a legal officer detailed by the At-

torney-General should constitute a commission of fifteen to preside over the sanitary affairs of the nation, under the authority of the Secretary of the Treasury. And on December 3, 1895, essentially the same bill (H. R. 36) was introduced by Mr. Mahon in the lower House of Congress.

On April 2, 1894, a bill proposed by the American Medical Association was introduced into Congress, to establish a department of Public Health. The provisions of which were that the President should, with the approval of the Senate, appoint from the medical profession a Secretary of Public Health, with necessary appropriation therefor. And in 1895 this bill was indorsed with a slight modification by the Legislative Committee of this Institute.

At the present time the American Medical Association has abandoned its original idea, and proposes in its place a bill recommending that the general government should only "act within the States by and through and in co-operation with the State Boards of Health." Which plan was afterward approved by the National Conference of State Boards of Health at Chicago June 10, 1896—the idea being to retain the Marine Hospital Service already existing, and, at the same time, do nothing to interfere with the independent authority of the individual States.

On September 8, 1893, the first Pan-American Medical Congress in general session at Washington, D. C., unanimously adopted the report of the International Executive Committee to secure, in each of the governments represented, a *Department of Public Health* under limitations common to other departments in the same government.

In accordance with this resolution, Dr. Henry L. E. Johnson of Washington, Dr. William Pepper of Philadelphia, and Dr. Chas. A. L. Reed of Cincinnati drew up a bill which they recommended as suitable for adoption by the United States, and on April 2, 1894, this bill (S. 1840) was introduced into the Senate by Mr. Gray.

At a second meeting of the Pan-American Congress in the city of Mexico, November 18, 1896, the bill prepared by Drs. Johnson, Pepper, and Reed was reported in general session, and unanimously accepted. On February 4, 1897,

Dr. Gallinger introduced this bill into the Senate, was read twice, and referred to the usual committee, and on April 14, 1897, after the convening of the Fifty-fifth Congress, Dr. Gallinger again introduced the very same bill.

You will thus see that a bill to establish a *Department of Public Health* is even now under the consideration of Congress, though there is no prospect of it becoming law at present.

I have with me copies of the bill introduced by Senator Gallinger, which, while it does not comprehend all the necessities of national sanitation, distinctly provides for the establishment of a *Department of Public Health*, which is the first and most important step to be taken. I have also copies of the Quarantine Laws and Regulations approved February 15, 1893, together with the bill to establish a Bureau of Public Health in the Treasury Department, to which I have already referred.

None of these measures are so far-reaching as the plan I would propose, nor are they in my opinion adequate to the case. If national quarantine is good for the coast, it is good for the interior.

Dr. Wyman in his report to Congress, May 26, 1896, said: "Since it may be shown that the people of the interior are equally benefited by maritime quarantine with the people of the coast, a quarantine service is properly chargeable to the whole country. I would therefore recommend that the national government assume control of all quarantine, and empower the Secretary of the Treasury to establish or purchase quarantine stations at such points as may be necessary to the national service."

The argument that "local authority is best for the community" is as fallacious as to claim that a landlord's authority, whose every financial interest is at stake, is best for his tenants.

In regard to the multiplicity of medical laws in the different States, I have only to say that so far as "State Sovereignty" is a success, just so far is local sanitation a failure. The times may not yet be ripe for national supremacy in sanitary matters. It required a revolution to cement the thirteen original States, but the remedy in either case is the same. And the times, not the remedy, are at fault, if the people of this age fail to accept it.

SOME THINGS NEW IN PLASTER SPLINTING.*

By J. L. HANCHETT, M. D., Sioux City, Ia.

THE word "splint," in surgery was poorly taken, and the mere effect of an inapt term may have had its retarding influence in the evolution of splinting, carrying the idea, as it does, of a picked-up appliance; something of crude or careless preparation. As though any assemblage of stiff sticks was a requisite for the support of the soft and sensitive parts of man's broken body.

"Stay" or "brace" would have been a better word, and though the process of evolution has been long and dreary to contemplate, still the past treatment of fractures and allied disabilities is not a comparison with the dreary waste of medical treatment proper, in its life history.

Without the knowledge of blood and lymph circulation, and scarcely any insight into the history of repair, or even the knowledge of the laws of gravity, how could it be that those early workers in our art should have done any better than they did? But gradually at first, and as by endowed or prophetic wisdom in these latter days, the great Body Surgical has vaulted, as it were, into a rational, and, we may add, humane method of binding up the broken body.

Now and again some enthusiast, in surveying the failures in certain treatment of fractures, gives to the world a new and widely diverging method, as instance the ambulatory treatment of Lucas Champoumière—cutting entirely loose from the old and well-tried usages. The ambulant plan was extolled to the skies for a few years, splints for fractures of the leg and thigh, even, were to be abandoned and were tabooed as relics of an antiquated age. The pendulum swings for a few long sweeps, and then, as the children would say, the old cat dies. Ideas are often paraded too suddenly, before sufficient time has been given to make a test of their merits; so with the ambulatory treatment of fractures of the leg, or the discarding of provisional braces for broken bone shafts.

There is no doubt great abuse in the use of splints as often applied, and many bad results following the application of faulty splints, but

* Presented to Surgical Section, American Institute of Homeopathy, Buffalo, 1897.

if this is true of a time-tested method, what should we expect from a method new and questionable in itself, should the general profession, the army of the untrained, as well as the experts, fly to the French method? The question is, not how to get results without splints, but how to get splints which will give results.

The fact that the osseous lesion is of all importance, and in our minds overshadows the fact of mutilated soft tissues, should be reconsidered. A renewed focusing of attention to injured nerve trunks, veins, lymph vessels, arteries, ligaments, fascie, muscles, and skin, in fracture traumas is here called for. In many simple fractures the bony dissolution is the least of the injuries. Especially let us more fully appreciate the condition of turgescence œdema from blood stasis of a broken limb, understanding the causes, and their relief through treatment. Here comes in the skillful use of splints. The return circulation must not be impeded in the least. The veins and lymph channels are encroached upon by internal extravasated blood and serum, and if pressure is also brought to bear by splints from without, severe passive hyperemia. All effort must be made to conserve, by all possible means, the free return circulation of the blood. The outward current of arterial circulation will take care of itself. All formal splints are bad on general principles. The four cardinal points of merit in a splint are that it be, first, strong; second, conformable; third, removable; fourth, light; named in relative order of importance; and if one other requirement were to be named, it would be that it be made of something accessible. Fracture surgery being pre-eminently emergency treatment, materials for splints must be at hand. And here I want to speak a decided word in advocacy of fabricized plaster of paris as the only universal splint material. There is no need of a plea at this stage of the work. All surgeons are agreed that it is the *sine qua non* in splinting, but as generally applied, it has serious drawbacks, some of which I have, I believe, been able to eliminate. Of all its merits, conformity is its best or chief merit. It is also strong, and when once on, it is a part and parcel of the limb. It is a non-removable splint. This has been the greatest point of objection to

the use of plaster in splinting, and has worked a great hindrance to its use.

There are many heavy shears, there are saws and other devices for cutting the plaster splint open; all of which are unsatisfactory in practice. They fray out the edges, leaving them crumbly and weakened. Their use is harassing alike the patient and surgeon. When the shell is made very thin, the shears will cut through quite well, but all the saws are a delusion and a snare.

Several years ago I had a perforator made which I thought might be the solution of the matter. It is a row of sharp teeth, close set in the middle of a flexible band. The perforator is placed on the limb at such a place as it is desired to open the splint. The prepared bandage is wound about the parts and pressed down over the teeth. Most of the threads of the bandage are cut, a few only passing between the teeth. When the plaster is set, a knife is drawn along the teeth, cutting these few uncut threads, and the splint is open. The perforator can then be drawn out endwise, and a roller bandage used over the splint to bind it together. The instrument was made in some quantities, but being of poor workmanship, has not been used by the general profession, to my knowledge, outside the State of Iowa. It was made of brass instead of steel, and the teeth are too far apart. These teeth should be set in a vulcanized rubber back. This will make the instrument flexible in both ways and the perforation can be made curved. Before another meeting of this body, I shall hope to show you this instrument perfected. This method of opening a non-removable splint, I believe, is the ideal one.

But there are other methods. If a piece of thin metal is laid on the skin where the opening is to be made, or a piece of rubber tubing is laid under the splint to protect the skin, the splint can be opened quite readily, while the plaster is still moist, after it is thoroughly set, by cutting down at an angle of forty-five degrees to the surface of the splint, or a V-shaped groove may be cut out. In such a cutting, it will be quite necessary to have a ready means of sharpening the knife, as moist fabric is hard to cut, and the knife is soon dulled by the plaster.

Again, I have been using a combination of the Bavarian and bandage dressing, and here I want to bring to your especial notice two fabrics which are not generally used in connection with plaster splinting. The eiderdown of baby cloaking material, and bobbinet or Brussels net, used for curtaining. The eiderdown, as you see, is a very stretchy, flexible cloth, and may be fitted to any part. It can be had in any dry goods store at a price ranging from twenty-five cents a yard up, according to quality. The better qualities will be found more satisfactory in practice, as the nap is heavier. The wooly, downy nap makes a most admirable inner surface for a plaster dressing, and here I will say that an even, smooth inner surface is the keynote in plaster splints, and the nap in this lining is so springy that it distributes the pressure evenly, and it will not wad or roll. The skin circulation is conserved to the fullest degree.

The net bandaging is so flexible that no reverses are needed in its application about the limb, saving an unevenness made by constricting rings in the common crinoline bandage. The fine net bandaging, if cut two ply, can be spread with dry plaster and rolled.

I have used the eiderdown in the combined method in single and also double thickness.

First Method.—The fabric is fitted skin tight to the parts, placing cloth about warp-ways; the nap is better next the skin. A seam is run with a waxed thread, which may be pulled out like a basting thread to open the lining, when the splint is set. The edges of the seam are left standing out; the plaster is applied as in the Bavarian dressing to this lining in the consistency of thick cream. Care is to be taken not to cover over the seam with the plaster. Next a wet net bandage is applied about and over the plaster, and again plaster cream rubbed into the netting clear over the seam. This cream must be thin enough to penetrate the netting down to the lining.

The ridge at the seam is easily seen and a V-shaped groove is cut above the seam to open the splint. The thread is drawn out of the lining and the splint is no longer a fixed dressing. Should the thread become imbedded in the plaster, it may be cut with scissors or a probe-pointed bistoury along the seam. The common

plaster bandage may be applied over the eiderdown as well as the netting. The opening will come together like a bivalve seashell with serrated edges, but there will be no plaster left on the edges to irritate the skin.

Second Method.—Instead of basting the seam simply with a thread, I have also sewed two covered wires on either side of the seam, thus binding the seam together with the wires. This makes a much closer coaptation of the edges, and the edges are straight and are greatly strengthened by the imbedded wire. These wires are cut longer than the splint to allow of their being used to bind in around the ends of the splint also. The stitches in this seam should be the hip stitch pattern. The sewing is not tedious, and long stitches are made, and on the ends the wire is bound in slightly and linked together in the back. The lining is left long enough to fold back an inch or so on the ends, and along the seam it may be left long enough to fold nearly or quite to the center on the opposite side, having previously been covered with the plaster cream. Over this only one course of bandaging is necessary to make the splint amply strong for leg or thigh dressing. When the wires are thus bound in and the seam felled down flat, the outer ply of bandaging will obliterate the seam in the lining, leaving no track or direction for cutting the opening. This may be made plain by laying a heavy cord or wire in the groove of the seam, burying it under with the plaster bandage. A mole hill elevation will plainly show the line of cutting. These seamed splints leave finished edges, which will not fray or crumble. The wire-bound edges, although taking a little more time and skill to apply, make a splint especially durable, neat, and comfortable.

The opened splint must be bound together with a roller bandage, or eyelet hooks may be set along its edges, and laced together. A V-shaped groove may be made on the opposite side of the splint from the opening, and the lining will act as a hinge. Usually the splint will spring out enough to allow of its removal without harming it when it is once thoroughly dry. The advantages of a removable splint are apparent, and I need not enumerate them here.

With these different methods of making the plaster of paris splint open and removable, we

have overcome the greatest objections to its use. The one other point of demerit is its weight; for surely the weight of large plaster splints has been a great drawback. The old-fashioned and uncomely plaster dressing, immovable, heavy, and poorly lined, is one of the absurdities in surgery. No wonder that these splints have been stigmatized when we consider their crude construction. A heavy, tight splint with goring edges, scattering crumbs upon the skin, will cause an irritability, possibly partly due to suggestion, which will give the patient ample excuse for attributing the pain he suffers to the manner of the dressing of his injury. Plaster splints may be made light and comfortable.

A composition of plaster of paris (dental), 10 parts; powdered pumice stone, 2 parts; powdered acacia, 2 parts; powdered gum tragacanth, 1 part; all by weight; when mixed into a cream with water, retains the setting qualities of plaster of paris, and when dry has the adhesive quality given it by the acacia. The pumice stone adds strength to the conglomerate, as sand strengthens common mortar. The gum tragacanth is simply used for retarding the setting, the essentials of the mixture being simply the plaster and the acacia. With this composition, combined with the fabrics before named, the eiderdown and netting bandage, and with the inlaying of metal mesh, splints of medium weight and great strength can be made.

Thus again we have eliminated the objectionable point of the plaster splint—its weight.

In dealing with the fractures of children, plaster of paris is especially applicable, because it is so little subject to displacement from the restlessness and careless movement of the patient. Here, too, its cumbersome weight would be all but cruel. Children five years old and under usually have plump limbs, well padded with fat. Splints put on such limbs require less thickness of lining. Let the eiderdown be sewed on tight, with the nap outside. It will catch and hold enough plaster cream to make a sufficiently strong splint for little children. One course of the bobbinet bandage must be used over the plaster.

These splints are so thin that they may be opened with the bandage shears. Sometimes I place a rubber tube under the lining, using it as a guide in the cutting process.

Another method of building children's splints I have used with some satisfaction, is to build up several layers of netting previously wetted, over a dry eiderdown lining, nap outside, having all the fabric applied before any plaster cream is rubbed on. In such a case I use coarse mesh netting, and thin plaster cream will penetrate clear through into the nap of the eiderdown lining. Or again, if the splint is to be made nearly straight, a pattern may be taken from the limb, pieces of the netting four or five thick laid on the lining, and the whole sewed on together. The plaster is rubbed in, the edges of the seam trimmed evenly and held down with plaster. No bandaging being used on the outside. Even mosquito bar netting will answer as the fiberizing fabric in such work. The cream is best rubbed in with a stiff brush—a nail brush will do. And while speaking of these processes, I cannot refrain from expressing a hope that our colleges will institute laboratory work for the students along this line, teaching that it requires a real technical skill, resulting from practical applications, to master plaster of paris splinting, for in the matter of mending broken bones too much care or caution is impossible, and the surgeon who takes a just pride even in the appearance of his work, other things being equal, will be the one most happy in results attained.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 241.)

CRAWLING: camph., crot-t., mag-m.—
*rumbling: *puls.*—*as after a purgative:
caust.—*and running in bowels, as of
something alive: *cycl.* (*croc.*, *thuj.*, *sulph.*).

CREEPING (formication): *aloe.*, *ars.*, *colch.*,
cycl., *dulc.*, *peon.*, *pallad.*, *pic-ac.*—*diffused
toward urethra: *zinc.*—*voluptuous: *plat.*
—*while sitting: *ant-t.*—*wind in abd.
awakens her, screams, thinking herself full of
creeping things: *stram.*

CROAKING: *coloc.*, *graph.*, *lyc.*, *sabad.*—*
loud, with hunger: *arg-m.* (*v. Borborygmi*).

CUTTING. 1. *ars.*, *coloc.*, *coni.*, *hep.*, *merc.*,
nit-ac., *nux-v.*, *puls.*, *rheu.*, *sulph.*, *verat.* 2.
acon., *agar.*, *alum.*, *ambr.*, *ant-c.*, *baryt-c.*,

bov., bryo., calc., canth., cham., chel., colch., cupr., elat., laur., lyc., mag-c., mag-m., nat-m., nux-m., opi., petr., sep., sil., staph., stron., sulph-ac., tart-e., viol-t. (v. colic).

Pr. breakfast: hydras., mag-m., thy.

dinner: coloc., grat., hydras., mag-m., nat-m., rheu., sulph., *zinc*.

drinking: *ars*.—*milk: *zinc*.—*cold water: calc-ph.

eating: ant-t., *ars*., chel., *coloc*., ign., k-bich., petr.

menses: graph.

micturition: chin.

rising: nit-ac.

stool: *am-c*., canth., collin., rheu., sulph.

supper: coloc.

vinegar: aloe.

Ql. acute: ascl-t., strych., before stool: phos.

burning: canth., staph.

circumscribed. — *epigastrium:

asar., calc., *cham*., laur., *lyc*., mag-m., nux-m., sulph., tereb.—*hypogas-

trium: ang., iris., laur., mag-s. puls., sep., *sil*., tereb.: low-down: hyos.; > after stool; pallad.; in left lower, with frequent burning urine: cepa.—

*inguinal region: calc., carb-a., gum-g., valer.—*intestines: chel., *coloc*., dios., *nit-ac*., *nux-m*., puls.; be-

fore stool: kobalt., as from wind: caps.; lasting for hours, after stool: nit-ac.—*rectum, > by stool: canth.

—*sides: arn., crot-t., mur-ac., paris., ruta.—*umbilicus: aloe., bov., calad., crot-t., dulc., glon., hyper., ign., ipec., k-bich., k-jod., mang., merc-c., mur-ac., nux-v., ol-an., puls., raph., sass., spig., verb.

darting: phos.; shooting all over abd: k-carb.

deep: coni.; diffused into pelvis, on waking: cham.

diffused. — *across, transversely: arg-m.; from *R.* to *L.* *S.*, as with a knife: *lyc*.; on sitting bent: alum.; transversely through: prur-s., gins.; > open air: aloe.; downward: k-jod. —*to anus, to A. M. > emission of

flatus: hydras.—*to back, lower region: naja.—*to bladder, > emission of flatus and rubbing: cham.—*into chest: ol-an.; through chest, toward right shoulder, during stool: *acon*.—*into genitals: *lyc*.—*into hips, toward evening: *lyc*.—*from *R.* to *L.* iliac fossa, thence to rectum: sang.—*deep into pelvis, on waking: cham.—*toward pubic region, > pressure and bending inward: *coloc*.—*to sides, toward evening: *lyc*.—*to stomach: k-cyan.; evening, > emission of flatus: bov.—*to pit of stomach: seneg.—*from within outward: ang.

drawing: k-carb., petr.

gripping: sep., sil., sulph-ac.; after drinking and eating: nat-m.; in bowels: chel., coloc.

paroxysmal: phos-ac.; > drawing herself together: sep.; < at night: sil., at night: *lyc*.

periodic: during the day: ox-ac.

shooting: carb-v., ox-ac., plat.; from pit of stomach to umbilical region: valer.: darting all over: k-carb.

spasmodic: calad., *coloc*.; after eating and drinking: staph.; in hypogastrium: must bend double: calad., *coloc*.

sudden, must bend over: mag-m.

tearing: k-carb.; during diarrhea: *ars*.; before stool: *dulc*.

terrible, with frequent thin stool, fainting, and cold sweat: *ars*.

violent: ant., apis., coloc., opi.; in bowels, lasting for hours after stool: nit-ac.

wandering: dulc., stron.

Sm. as from taking cold: aloe., arn., petr. as if diarrhea would occur: k-bich.; > by pressure and rubbing: cham., in the afternoon: nat-c.

as before diarrhea: k-carb.

like an electric shock, extending to anus: coloc.

as from flatus: coloc., hyper., squil.

jerk-like, as with knives: chel.

as with a knife: chel., coloc., coni., dios.,

lact., merc., murex., *sabad.*, *verat.*, with
burning: canth.; soon after **eating**:
 k-bich.—*in **inguinal region**: calc.,
 canth.—*in **navel**: bov., laur., tart-e.
 —*from *R. to L. S.*: ant-t., borax,
 laur.; **across**: lyc.

like **false labor-pains**: k-carb.

as from **stones**, in bowels: nux-v.

as if everything would be **torn to pieces**: k-carb.

as from an **ulcer**, about navel: stann.

as from **wind**: spig.; in bowels, before
stool: caps.

as from **worms**: am-c., cina.

Md. **coughing**: verat.

eating: aloe., zinc.

inspiring: lyc., deep: mang.

lying on the back: lyc.

moving: merc-c.; with every **move-**
ment, from *L. to R. S.*: ipec.

sitting: asaf., mur-ac.

standing: mur-ac.

stool, during: aga-m., ant-c., *arn.*,
asar., calc-s., *canth.*, dulc., fer., kalm.,
 nit-ac., plumb., sars.

urinating: chin., merc.

walking: asaf., mur-ac., phos-ac.

Cn. **anorexia**: ant-c.

burning: canth.

constipation: opi., sil.

(To be continued.)

Globules.

The statue of Charcot is about ready to be erected.

Oertel, the distinguished physician of Munich, is dead.

The Congress of French Surgeons will be held at Paris early in October.

Professor Fresenius, Wiesbaden, one of the world's great chemists, died recently.

The Pathological Society of Rochester, N. Y., is looking after the condition of the streets of that city.

Among the newly elected members of the Imperial Academy of Sciences of Vienna are Lord Lister and Professor Muller.

We learn from Missouri newspapers that the

legislature has passed a bill and the Governor has signed it, legalizing (?) Osteopathy.

A statue of the Russian surgeon, Pirogoff, will be unveiled at Moscow during the meeting of the International Medical Congress at that city.

Professor Virchow is now seventy-five years old. He took his medical degree in 1843, and has now been practicing medicine for fifty-four years.

The ordinary uterine dressing forceps, with the thread filed smooth, is very suitable for packing the uterus, as it has no tendency to bring the gauze with it when withdrawn.

An English physician claims that regular daily traveling in railway cars has a hygienic value, and is especially beneficial in cases of gout. A good thing, at least for the railway company.

Iowa has enacted a very stringent medical law, excluding all forms of quackery, and providing for a license only upon examination of those holding a diploma from a recognized medical school in good standing.

The Sweetwater Hotel, Hayden Park, Bedford Springs, Mass., was thrown open for guests in June. It is a beautiful and substantial house, and its proximity to Bedford Mineral Springs makes it a delightful place for rest and recreation.

Paroxysmal sneezing is akin to hay fever, but is an entirely distinct affection. When due to pressure of enlarged turbinates, relief speedily follows the usual treatment. When due to the existence of sensitive areas in the nares, Dr. Gibb has given speedy and permanent relief by lightly touching the areas with the electric cautery.

Deformities resulting from infantile spinal paralysis are due, says Dr. Young, Philadelphia, first to the contraction of the muscles which are not paralyzed, second to the stretching of the muscles which are paralyzed from the weight of the foot or limb, and third and most important, to the growth of the bones and joints, the paralyzed parts remaining always the same.

Professor E. H. Pratt will hold his eleventh annual class for didactic and clinical instruction in official surgery during the week beginning September 6, 1897. The class will assemble in the amphitheater of the Chicago Homeopathic Medical College, at the corner of Wood and York streets, at 9 A. M.

The course of instruction will last during the week, occupying a four-hours' daily session.

A guarded prognosis is given by Dr. Gibb as to the quality and character of the voice after the removal of adenoid vegetations from the

vault, or the excision of hypertrophied faucial tonsils in children of ten years or over. We are apt to believe in the return to a normal voice after these operations, and not infrequently we shall be disappointed. Besides the faulty habit formed, prolonged mouth breathing brings about changes in the turbinates, and the high-arched palate contributes to an alteration of tone.

The firm of A. A. Marks, manufacturers of artificial limbs, in New York, have taken advantage of the recent changes in the tariff, admitting the admission of artificial limbs into Canada free of duty, and are prepared to prepay all express charges on limbs ordered from them before September 1. By this liberality on the part of this well-known house, the best-constructed limbs, fully guaranteed, can be thus obtained by Canadians at no additional cost to the regular price.

Some months ago the Lambert Pharmacal Co. purchased 25 cents' worth of Listerine from 479 Chicago druggists: 251 druggists gave their representative genuine Listerine; 204 druggists gave a fraudulent imitation, containing no Listerine whatever; 24 druggists gave Listerine diluted with water or glycerin.

The danger of pharmaceutical forgery is, of course, readily overcome in those cases in which it is practicable to prescribe or purchase Listerine in original unbroken packages, but where a less quantity is required it would appear that some discrimination in the selection of your pharmacist is necessary to be assured of fair dealing.

Operations upon the lingual tonsil for the relief of cough and other reflex phenomena. (Dr. Woodbury at the Philadelphia *Polyclinic*.)—A young girl, thirteen years of age, complained of a sensation of irritation in her throat, a constant desire to swallow, and frequent effort to clear her throat. There was also a dry cough occurring at intervals during the day. Upon examination, the glandular structure upon the dorsum of the tongue was found to be enlarged in several places, so as to impinge upon the epiglottis. As the masses were discrete, they were touched with ten per cent. solution of cocaine, preparatory to the application of the galvano-cautery. Aided by the laryngoscopic mirror, the more prominent growths were then touched with the red-hot wire. There was very slight reaction, and a week later the operation was repeated upon the other portions of the hypertrophied tissue. A month later the tumors had almost disappeared and the patient reported relief from all the above symptoms.

After about twenty years' using of the old-fashioned typewriters and about six weeks of the new—THE BLICKENSERFER—typewriter, we

are ready to say that the latter is by all odds the best machine we have ever operated. Imprimis it costs but \$35. It weighs just six pounds. It has upper and lower case type. The writing is always in sight. There is no ribbon. The type can be cleaned in one minute. The carriage carrying the paper moves forward or backward at will. It has all the usual characters used in printing. It will manifold excellently. The alignment is perfect. The type or color may be changed in a minute without soiling the fingers. Any space may be had between the lines by a simple device. In a word there isn't a thing that we used to do on the old style \$100 typewriters that we cannot do on this "baby" Blickenserderfer and with more ease and greater speed. It is not a toy; every part of it is thoroughly well made of steel and iron; no wood anywhere; and yet you can pick it up and carry it in one hand as easily as you can a copy of the American Institute of Homeopathy's Transactions.

A Friend of mine came to me with an epithelioma of the lip, so diagnosed by four physicians, said a physician at the American Institute meeting. I advised him to have it removed by the knife. He said, "The knife shall not be put into that lip yet." I told him of my experience in two cases, one an epithelioma of the lip cured by local and internal medication and another, a cancer of the breast—so diagnosed by two other physicians. I told him I did not care to assume the responsibility of risking the remedies in his case, so he said he would shoulder the responsibility. He has now been under treatment for a little over two months and the epithelioma has almost entirely disappeared; another month will show nothing but the scar. I applied arsenicum locally as often as I deemed advisable, in the 2x potency and gave him about four powders per day of the same remedy in the 3x. He is happy now, and quite sure that the epithelioma will be cured. You may think that this case was cured by the local application, just as if it had been cut out with a knife. Be that as it may, the same question comes up with reference to cancer of the cervix uteri; have we the right to wait and use the local applications and the internal remedy, whatever it may be? Where the patient will not agree to an operation, we are certainly justified in trying this plan of treatment.

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The American Homeopathist.

NEW YORK, SEPTEMBER 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



E. R. AMES, M. D.,
Rofe, Ia.

IF.

"THE finances of the Institute" said Treasurer Kellogg at Buffalo, "are not in a very bad way, when you see that our income is about \$6000, and our expenses about \$6000. As far as the face of the report goes it is comparatively satisfactory. We have outstanding to-day a larger amount of indebtedness than ever before, aggregating about \$4000 of dues, due largely, without doubt, to the hard times of the past three years during which so many physicians have had to struggle for a bare living. But this

is offset by the fact that the Institute has taken upon itself some extra burdens; namely, its contract with the Hahnemann Monument Fund, to which we have subscribed \$2500 and thus far have paid but \$700; we have also to face the expense of our subscription for 400 copies of the *Index to the Cyclopædia of Drug Pathogenesis* (which I am informed, from England, is about ready to go to press) at an estimated cost to us of \$1500 to \$2000. From this may be deducted [of course] all moneys received from the sale of the copies! I think the Institute subscribed for 400 copies, but the number of subscribers is only about 175; so that we must be prepared to foot some expenses on that account. *IF it were not for these extra burdens, the Institute would be flourishing!*"

YES, sir, certainly, ^{***} sayeth the pessimistic Micawber, IF I catch this rabbit and two more, I will have three. The Institute would indeed be in a flourishing condition IF it were not in debt. But it is in debt, heels over appetite! The full amount of that \$4000 indebtedness, which the poor business policy of a past decade has permitted to accumulate on the Institute books, will certainly never be fully liquidated; and it is equally certain that we will be required to pay to the uttermost every farthing we owe. This is one of the points we sought to establish in our editorial on the Institute finances published a few issues since, asking that some relief be provided. Under the recommendation of the treasurer, the Institute did make provisions for curtailing the expenses and also for a more businesslike way of conducting the collection of dues. As to the "burden" of our indebtedness to the Hahnemann Monument Fund, we believe that naught but the prevailing financial depression has retarded the completion of that noble purpose. Not one member of the American Institute regrets his individual or the Institute subscription.

^{***} BUT as to the other matter, let us see for a moment. The burden of paying from \$1500 to \$2000 for the *Index to the Cyclopædia of Drug*

Pathogenesis, which some of our immediate forbears have saddled us withal, is but an added evidence of the "hurrah"-way in which things used to be done in the old Institute. Who, of that older Institute, of ten years ago, could have assumed that 400 copies would be required of the *Cyclopædia of Drug Pathogenesis*? What warrant was there ever for such assumption? The hard times cannot be interpleaded in this cited instance, for there was a tacit refusal to take this book, all along the line, long before the locusts and the ulterior results of the crime of 1873 had blightfully fallen upon our fair land. Will it be urged that no one could foreknow the outcome of this gigantic undertaking? If so, then there should have been no pledge given until the full scope of the contemplated work was known. It is a decidedly grave if not a reprehensible proceeding to bind an aftercoming generation in several thousand dollars of unnecessary indebtedness. But as usual, in the hurry to get away from the four-dollars-a-day hotel, the favorite son either being seated in the chief place in the synagogue, or else derailed by unpolitical and non-wire-pulling methods, the question of Committee and Authority and Money was railroaded through. *Après nous le déluge!* Under the sway of a handful of at-that-time prominent Institute workers and perennial debaters, these contracts were made and we, of the later generation, must expiate the financial sins of our fathers!

* *

BUT, why pray, are there only 175 subscribers to the *Cyclopædia of Drug Pathogenesis*, out of the promised 400? Why this pitiful number—either the 175 or the 400—out of a possible 11,000? Is there not something inherently wrong with the work since it seems to be so almost universally rejected of the American profession? Does it mean that the plans outlined in the joint English and American committee, in advance of the obligating of ourselves to pay for 400 copies, were faulty—that they were not understood, or that they had been varied in the carrying out of the recommendations, so that the finished product does not tally with the blueprint plans and specifications? What is the trouble? May we not assume, on the contrary, that the peculiar kind of homeopathy in vogue at that particular period of the Institute, and which obtained in its high places, has given way to the other kind of homeopathy of the newer generation, and, which, in very truth, is but a reversion to the old, old homeopathy—the Homeopathy of Hahnemann—and, therefore, the pathological and toxicological materia medica has been cast out? These are questions for which we have no answers. Something has certainly gone amiss in the deal, else the always

fair-minded American Institute member would have lived up to his engagement, and would not have permitted the work of that eminent scholar, teacher, writer, and practitioner, one of the homeopathic giants of England—RICHARD HUGHES—to stand in the porches of the Institute soliciting subscribers. For the work which the Institute commissioned him to perform, Dr. Hughes is deserving of every plaudit that has been given him and more; but the work itself, upon which he has spent so many years of his life—the *Cyclopædia of Drug Pathogenesis*—has in some way failed of meeting the American professional good will. It is possible that the forthcoming *Index* will give currency and life to the principal work; but, as at present constituted, the *Cyclopædia* is practically a sealed book.

* *

THIS same spirit of unrest as to the purity of the materia medica which foreran the formation of that International Committee and ended in the ordering of the *Cyclopædia of Drug Pathogenesis*, is again rife and at work in the Institute—mark that, pray, in the INSTITUTE, NOT in the profession at large—and it seems a foregone conclusion that ere long, grown bold by continued non-molestation, this spirit will dictate another thomasfool committee with letter-heads and red tape and a little brief authority for the revision of the materia medica, with its congener warranty of thus and so many copies to be subscribed for by the Institute. We refer to the Materia Medica Conference. Two annual sessions of this Conference have been held, and what, so far, has been the result? DISTRUST! The motive in the beginning was doubtlessly somewhat more praiseworthy than a mere stepping-stone to a higher Institute office, but it has latterly degenerated into a covert attack on homeopathy itself! Of what earthly value thus far has been the stirring up of what these latter-day reformers are pleased to call "the impure sources" of our materia medica? What has been gained? What is ever gained by the continued harping upon the honesty of a man or the chastity of a woman? If the sources of our materia medica need purification, then let us, at any rate, go about it with some show of decency, and not stand on the corner and in the public places and cry out aloud upon the impurities! What may the harvest be with the younger members of our profession, as Mohr of Philadelphia very properly pointed out at the meeting, after listening to the damning which the erstwhile teachers and practitioners of the old homeopathy, standing in the front seats, give to Hahnemann's *Materia Medica*—condemning the very means whereby they have reached the stage of well-lined paunch and purse? What will this young

man or that young woman think on reading the oblique testimony of these former elders in the church? What are the poor materia-medica professors of the old dispensation to say to the class when the inevitable question, prompted by the surgical specialists, comes as to the value of the materia medica?

*
* *

WE were wonderfully wrought up and righteously indignant at Detroit, last year, because on one morning the daily papers under lurid head-lines printed the apparently truthful intelligence that the homeopaths, in that city, in annual conclave assembled, were attacking and denouncing the principles of their alleged faith. But what would those same papers have said, and now with absolute truth, had they heard the testimony of one of the homeopathic patriarchs, who had practiced homeopathic medicine for thirty-seven years, as he recounted his belief in the inefficacy of the materia medica of the fathers? This prominent practitioner was now willing, to tear down the column which he had been instrumental in erecting both by precept and example! He was content to have the materia medica upturned and overthrown, and everything cast out therefrom which could not be fitted to the modern Procrustes bed provided by the Baltimore Investigation Club! Some of us complained bitterly because the Buffalo papers slighted us so markedly; but in the light of later events it looks more like a case of Providence, and we ought to have included them in an especial manner alongside of that flim-flam garbage-crematory resolution, for kindly staying away from our forensic displays and taking their facts of our meetings from interested members in the Iroquois lobby.

*
* *

THESE prominent practitioners, teachers, and writers may regard themselves engaged in a meritorious undertaking, but they will find that they have set at large and at liberty the elements of doubt and distrust which will in good time bear their oblique harvest an hundred-fold. If this Conference continues in unmolested possession of its field for a few years longer, it is not at all improbable that under the sweating eloquence of a few glibsome, Fourth-Reader elocutionists, some Committee will be fastened upon the Institute to undertake the revision and purification of the materia medica, with authority to appropriate enough shekels of the said Institute to defray the necessary expense of investigating and purging, and printing and publishing, the results of this peculiar winnowing process of the Baltimore Investigation Club. Only to find at the end of another ten years that Hahnemann was not the old dotard of which he is in effect

accused by our modern bugteriological science-bitten homeopaths (limited); and that the old-fashioned, and at present much maligned, materia medica is the best, after all. Then the treasurer—let us hope that it will still be our present indefatigable officer—will again, at the conclusion of his annual report, in order to divert the too ardent gaze of the younger members from the Senior's free-list, call attention to the several "ifs" which will then, as now, stand in the way of the Institute at that time being in a flourishing condition. When, and, indeed, before that time arrives, let it be remembered how we of to-day have had to bear the burdens of our immediate predecessors in the binding of their after-coming members for the payment of a dead horse!

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Hydrocyanic Acid AN ANTIDOTE TO CHLOROFORM.—Hobday³⁰.—Having observed that the respiratory center is usually paralyzed first when death occurred during chloroform anæsthesia, I thought hydrocyanic acid might prove of service as an antidote where the breathing was becoming shallow and weak, on account of the rapid and powerful temporary exciting effect this drug exerts on the respiratory center. This led me to experiment, and in thirty-one cases the administration of hydrocyanic acid successfully combated chloroform poisoning in dogs. In eleven instances the treatment was unsuccessful. These observations lead fairly to the conclusion that hydrocyanic acid is of value as an antidote to chloroform, its beneficial effects being due to its property (when given in certain doses) of rapidly and violently stimulating and exciting temporarily the respiratory and cardiac centers, and so counteracting the depressant and paralyzing effects of chloroform. The drug should be placed on the back of the tongue or injected hypodermically. In all the cases Scheele's acid was used, on account of its strength and consequent rapidity of action. For animals I consider one minim of Scheele's acid for every seven or eight pounds of body weight a fair average dose. It is well not to be too anxious to administer a second dose till

perfectly sure the first has been futile. The question may be raised as to the proportion of cases that would have recovered under artificial respiration alone, but my observations lead me to believe that the use of the acid gives an enormously higher proportion of successes.

Anacardium, RELIEF FROM EATING.—There are four homeopathic remedies which show an improvement after eating. Dr. Dahlke⁷ describes a cure in which we again find the symptom. The ailment disappears during dinner, but returns after two hours. A man aged thirty-one years had for several years been troubled in his stomach. In the last three weeks there had been an essential aggravation. Three or four times a day he had an attack of pains, a sensation of fullness and constriction, taking his breath away; this lasted for a quarter to half an hour; he would then sit bent double and press on his abdomen. Sometimes there is a sensation of weakness in his abdomen, as if it would drop down; there is no vomiting, but loud eructations; lack of appetite; constipation. The pain is alleviated for some time by eating, he therefore purposely eats more frequently. There is nothing that can be authenticated, except a sensitiveness to pressure in the pit of the stomach. In the last two weeks he has lost ten pounds of his weight. On the 13th of October, 1894, he received anacardium 6th, twice a day. On January 29, 1895, he called on me on account of his sister. He reported that he had had no further trouble in his stomach.

Thuja IN VERRUCOUS TUMOR.—Dr. Candy^{8,9} was consulted by a lady who presented a verrucous tumor of the neck attached by a small pedicle. It was of the size of one's thumb, and if pulled caused a pain to shoot through the side of the head. She suffered occasionally from lancinating pains commencing in the growth and radiating into neck and head or down into chest. It was impossible to rest on that side. Thuja 6th was given internally, and one tenth solution of the tincture in almond oil applied locally. After a few days the growth became flaccid and pale, and after a fortnight it fell off, without pain, together with several smaller tumors of the same character. The pains also left her.

Rhododendron ^θ IN RHEUMATIC HEADACHE.—Dr. E. V. Moffat^{9,20}.—Child æt. ten years.

Gouty heredity marked. Has suffered for several years, and being in a wealthy New York family has had some of the most prominent old-school physicians. All tried various means to eliminate uric acid, but nothing cured. Well during summer, but for several years has suffered intensely during winter months. Last year the pains were general and shifting—sometimes sciatica, sometimes intercostal—but in bad weather never absent. This fall it took the form of prostrating headache, incapacitating her for school work or any active life while they lasted. Eyes were found normal in every way. Pathogenetic symptoms: While the sun shone she was comfortable. If it stormed or threatened storm she was miserable. If she had a headache on a stormy day and the sun came out, in ten minutes she was relieved. If the rain or snow returned, at once the headache reappeared. Remarks: A cold day, especially if damp, was almost as bad as a storm, but in warm weather she was always free from suffering. Rhododendron ^θ, first a few drops in a glass of water, gradually increasing to five drops ^θ t. i. d., has in three weeks perfectly cured her to all present appearances. She never thinks of minding the weather or missing school. It has apparently acted as the best of tonics, restoring color, strength, spirits, and animation.

Malaria as a Medicine.—G. W. Bowen, M. D.^{4,19}—Some years ago I made a careful study of malaria, making many experiments with it, and found it to be of great value as a medicine. A partial proving was made of it, and it was shown that it would not only produce malarial fevers, but also typhoid and rheumatism. I used it quite extensively for all forms of fevers, and disturbances of the liver, spleen, and kidneys. A paper was prepared and presented to the Indiana Institute of Homeopathy, showing results obtained by my experience with it. That paper was copied into several journals, and caused many to apply to me for malaria. My stock was soon exhausted, and to supply others Boericke & Tafel of Philadelphia was induced to prepare a fresh supply. This they have done according to my directions, and they have sent me a nice preparation. I have used it quite extensively, and am surprised at results obtained from it, as it does more than was expected from

it. If the case seems to be due to the weather, from a former fever, or from rheumatism, I venture to give it (in the first, second, or third dilution) and beneficial results are soon seen from it. Later, cases will be reported, but until then, would advise doctors to try it, and they will be disposed to question *why* such an element of evil, an untutored savage like malaria, has not been tamed before, and made to serve as an ally, and used as a means of restoration to health.

One thing should be remembered, in giving malaria as a medicine, the patient should not be allowed to use coffee, as it is a direct antidote.

Baptisia IN CONVULSIVE CONTRACTION OF THE ESOPHAGUS.—Schweitzer Volksarst, 7th.—September 10.—I saw a well-nourished and ruddy-looking old man of seventy years who had suffered for the last five months with convulsive contraction of the esophagus and cardiac orifice, so that at times the fluid-food would remain in the stomach, and easily regurgitate. Some days the fluid-food entered the stomach without hindrance, and digested well. At other days patient was compelled to be fed by means of an esophagus bougie. I could not find any diseased state; only that patient admitted that he always liked to eat very hot food. On examination I found the mucous membrane of the esophagus very much reddened and granulated.

Baptisia 12th, few powders, one to be dissolved in a half a glass of water, three to four doses per day. In course of a week I received information that three days after taking the remedy food entered the stomach without difficulty, and patient considers himself well.

A STUDY OF SCUTELLARIA LAT.*

By GEO. H. ROYAL, M. D., Des Moines, Ia.

"**D**OCTOR, when you get a case of *nervo-bilious headache*, with the nervous symptoms *uppermost*, and *nothing the matter with her*, give that patient scutellaria."

The above advice was given in the fall of 1883 by a non-graduate, a German, whose medical library consisted of Hull's "Jahr" and Hale's "New Remedies" (ed. 1880). The peculiar wording and emphasizing of the sentence so impressed

* American Institute of Homeopathy, 1897.

me that I immediately read Hale, also Dr. Gordon's proving. In Hale I found enough of the nervous symptoms to make them *uppermost*. Dr. Gordon certainly had the headache, and one symptom recorded suggested the term bilious; but upon the symptom "nothing the matter with her" which had received such emphasis from my friend, I could then obtain no light.

Fourteen years' experience with the drug partially explained; but not until I studied the ten provings together did I fully understand the statement. I formerly expressed the opinion, before this body, that "unless the symptoms or group of symptoms of a drug were similar to symptoms or group of symptoms met in daily practice, they were useless, if indeed their genuineness were not questionable." My friend Conrad Wesselhoeft has embodied the definition of the value of symptoms in the following rule: "Each drug when tested upon the healthy organism is capable of producing a distinct and peculiar series of effects which serve to distinguish each drug from others, but these effects shall not be considered as resulting from and peculiar to the drug unless they are recognizable as the distinct signs of the disease (pathological), and unless they indicate some recognizable class of pathological states (diseases)."

I am confident the above quotations represent the same idea in different words, but if Dr. Wesselhoeft insists upon a literal interpretation I cannot follow quite as far as his statement would lead. For I am sure we are all agreed that, as yet, we know but little of true pathology. I am equally sure that the general practitioner often meets conditions expressed by symptoms or groups of symptoms which none of us would recognize as "distinct signs" of any clearly defined or scientifically classified disease. In fact we frequently meet patients the equilibrium of whose nervous system has been so disturbed by excesses, either physical or mental; by excitement, either joy or grief, or by some other cause that they are unfitted, for the time being, for either the duties or pleasures of life. And yet, could a careful examination of such patients be made, no change in organ or tissue would be found. It is to such patients that the term "nothing the matter with her" is applicable, and among the remedies useful for such condi-

tions *scutellaria* takes first rank. The first point to remember, then, is that *scutellaria* is superficial in its action; by which we mean that unlike *lyc.*, *nat.*, *mur.*, *ars.*, or *merc.*, it is not to be given for the purpose of eradicating any dyscrasia or deep-seated disease. Again, the rapidity with which the provers returned to their normal condition, and experience with the drug both prove that its action is brief as well as superficial. The third general point of interest in its promptness of action. This has also been demonstrated by the provers and at the bedside.

Let us again examine the *nervous symptoms* of the provers. Whether we recognize them as "distinct sign of disease" or not, none of us can fail to recognize the fact that they are "uppermost." In fact one is almost tempted to say that its entire action is upon the brain. Such expressions as "a throbbing frontal headache"; "a dull frontal headache"; "dull pain at the base of the brain"; "dull pain in the head"; "head feels heavy and full"; "aching in the eyeballs"; "eyeballs feel too large for the socket"; "and flushed face"; conclusively prove congestion of the entire brain mass. Now by glancing down your schema and noting such symptoms as "inability to study or fix one's attention on one's work"; "confusion of mind"; "apathy"; "nausea"; "sour eructations"; "gas and uneasiness in the abdomen"; "sharp colicky pains in the abdomen"; "Diarrheic, light colored stools"; "quantity of urine diminished" (this last reported by nine of the ten provers), "and increase in the biliary salts"; (this in five of the provers), "pulse-rate irregular"; "sleep restless, disturbed, and unrefreshing."

Men as accustomed and competent as you are to interpret symptoms and trace them to their source will readily perceive what nerve-centers of special function were affected by the drug. The word "bilious" remains for consideration. Its "standing in court" can be determined by recapitulating three of the symptoms just enumerated, viz.: "Gas and uneasiness in the abdomen," "diarrheic, light-colored stools," and "an increase in the biliary salts." The general symptoms I have placed last in the schema because of their importance.

Although these symptoms were very numerous and marked in the provings, I have compressed them into the following: "restlessness," "uneasiness," "mental apathy," "weakness," "trembling," "tired." Of these restlessness and uneasiness were the most prominent. The restlessness always precedes the weakness. There is but one modality sufficiently marked to receive attention. That is amelioration from eating.

Let us now briefly note the order in which the symptoms appeared for the benefit of those who place particular stress upon the "first point of attack" and "sequence of symptoms."

Prover No. 1. From the 30x first records nausea, then looseness of the bowels. From the 3x the quantity of urine is decreased and a trace of bile appears in it. After taking the tincture comes the inability to study and the severe throbbing headache.

Prover No. 2. Gets no symptoms from the 30x. From the 3x: nausea, eructations, regurgitations, and vomiting, which leaves her weak and sore. Also scanty urine in which bile and urates are found. The tincture produces profound prostration.

Prover No. 3. From the 30x: suffers first in the stomach, then the head, afterward the irregular pulse. From the 3x: pulse, sleep due to uneasiness, joints, head, urine diminished and containing bile. From the tincture: nausea, etc.

("Slight burning in the urethra" omitted because not found in the other provings.)

Prover No. 4. From 30x: drowsy, stomach, bowels. From the 3x: head, eyes, stomach, urine decreased, and bile found in it. From the tincture: head, lump in throat, sleep, bowels.

No. 5. From the 30x: nothing. From 3x: auditory nerves, urine decreased and containing bile. From the tincture: headache.

No. 6. From 30x: a splitting headache on the right side. From 3x: sleep, head, pulse, restlessness, weakness. From the tincture: restless sleep, *weakness*, urine decreased and containing bile.

No. 7. From 30x: restlessness, weakness, loose stools. These were simply intensified by the 3x and the tincture.

No. 8. From 30x: nothing. From 3x: restless sleep, pain in the abdomen, and

diarrhea. From the tincture: lump in throat, and decreased urine.

No. 9. Tincture only used: nausea, restlessness, weakness, diarrhea.

No. 10. Tincture: sleep, head, muscles.

We notice that while there is some similarity in point of attack and sequence, yet it is not marked. Urine decreased in quantity and containing bile was reported by all who examined the urine while taking 3x.

It is worthy of notice that of the eight provers who took the 30x six reported symptoms. What therapeutic application can be made by these symptoms? Hale in his "New Remedies" puts scutellaria down as useful for sleeplessness, night-terrors, hysteria, delirium tremens, nervous agitations from pain or exciting emotions, cerebral irritation in teething children, cardiac irritability, nervous palpitations, etc. Dr. Hale's authority for the above statement is his study of Dr. Gordon's proving and reports of the results of empirical prescribing, mostly by eclectic physicians. These physicians add to Dr. Hale's list chorea, epilepsy, catalepsy, hydrophobia, intermittent fever, and sun-stroke. The provings will eliminate all the above diseases and about three-fourths of the conditions. I want to say in passing, that such undue zeal on the part of provers and prescriber has deprived the profession of many a useful remedy, because the reports read so much like the circulars advertising patent medicines. Those of you who have read these provings would strike from the list epilepsy, catalepsy, delirium tremens, hydrophobia, and intermittent fever without the least discussion. Let us next consider chorea. Dr. Gordon records "occasional tremors or even considerable twitching of the muscles in different parts of the body." Also "uneasiness, with twitching of the muscles." Prover No. 3 records "twitching of the eyelids. Unless you include "hiccough," as found in the provings of Nos. 3 and 9, these three are the only symptoms suggesting chorea. Put a question mark after chorea. Sun-stroke I would also leave for a further study, because the "dull frontal headache," "flushed face" and "weakness and trembling" suggest sun-stroke and also because scutellaria, in the promptness and short duration of its action, re-

sembles glonoine, which has proven so efficient in that trouble.

For "cerebral irritation in teething children," scutellaria certainly will prove beneficial. The "restlessness," "sleeplessness," or "disturbed sleep," and the "diarrheic stools," are symptoms which are duplicated by some found under chamomilla, but scutellaria has no fever and but little if any of the irritability of chamomilla. Scutellaria will be useful only for the first stage of such conditions, never after changes have taken place in the nerve tissues. For sleeplessness, night-terrors, hysteria, cardiac irritability, and nervous palpitations scutellaria is a homeopathic and leading remedy. However, these must not be regarded as separate and distinct conditions, but as a group of symptoms expressing a single condition, to which we may apply the only remaining term of Dr. Hale's list, viz.: "Nervous agitations from pain or exciting emotions." I want to add to the modifying part of this clause, that overwork, mental or physical, makes nervous agitation the equivalent of these other symptoms plus restlessness and weakness. Always bearing in mind the fact that "cardiac irritability," "sleeplessness," etc., etc., are not dependent upon any organic lesions. I will close by citing what I consider a typical case taken from my casebook: Miss M., aged thirty-two, of nervo-bilious temperament, principal of one of the large schools of our city, came to me in May, 1886, and said: "It is near the end of the school year, I am used up, I cannot sleep, I cannot think. I have a dull pain in my head most of the time, sometimes in the forehead, but more frequently at the base of the brain. Whenever I overdo (and I never know when I am going to do that), I cannot sleep that night, and one of two things will happen; either a nervous explosion or a nervous sick headache the next day, both followed by complete collapse." I first gave picric acid, then phosphoric acid. I treated her during the summer, found that there was no disease of either ovary or uterus. Bowels were regular, menses normal, no irritation of the spine, in fact nothing tangible. She was much improved when she returned to her work in September. Late in December she came to the office and said she had returned to the bromides, but did not know which was

worse, the bromide headache or the nervo-bilious. I gave strychnia-phos. 6x. One week later I was called at 2 A. M. She had attended the State Teachers' Association the day before, had read one paper and discussed another, and had attended a reception from ten o'clock to midnight. When I entered the room she began to scream, then went to the water closet to urinate. This she was obliged to do every few minutes, and yet only a few drops passed. The stools were frequent, loose and watery. Pulse irregular. I gave scutellaria tincture, ten drops every half hour. She was better after the second dose and went to sleep after the fourth. She has kept the drug in her room from that day to this, and has never since had a "nervous explosion" nor a sick headache. She is not obliged to take the medicine except when overworked. This is not only a typical case for scutellaria, but one often found among our nervous overworked American men and women.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 263.)

CUTTING :

diarrhea : ambr., bov., canth., coloc., ferr., gamb., jug-c., mag-m., merc., sulph., verat.—***watery** : ant-c.—*and **nausea** : petr., verat.—*and **vomiting** : verat.—*and **fainting** and **cold sweat** : ars.

flatulence : coloc., lyc., opi.; **emission of** : coni.; **incarcerated** : nux., sil.

menses : baryt-c., ferr., k-carb., mag-c., zinc.

rumbling : nat-m.

shivering : ipec.

strangury : arn.

sweat, cold, on forehead : chin.

urine, burning : cepa.

Agg. **bending double** : tart-c.

dinner, during and after : lact.

drinking, after : staph.

eating, after : staph.

motion : ipec. rhus.

pressure : jatr.

afternoon : nat-m.

evening : phos.; when **walking** : dios.

midnight, after : elap.

Am **bending up** : staph.—***inward** : coloc.

eating : calc-ac.

erect, holding : indg.

drinking, cold water : cann-s.

flatus, emission of : ars-j., calc-ph.,

hydras., laur., ol-an., psor., sel., sulph.

pressure, firm : gamb., plumb.—

***upon bowels**, with hands : coloc.

rest : rhus.

rubbing : plumb.

sitting bent, stool, after : coloc.,

dig., hell., mur-ac., nat-m., plumb., rhus.

—***diarrheic** : caust., sulph; after

dinner : rheu.

warmth, application of : ars.

3 A. M., forcible, thin stool : phos.

4 A. M., stool : ol-an.

10 A. m., emission : bov.

7 P. M., diarrhea : phel.

evening, warmth of bed : coloc.

Tm. **day** : nat-m.; alternately : puls.

morning : alum., caust., dios., graph.,

nat-c., nat-m., ox-ac., petr., puls., sep.

—***in bed** : nit-ac., nux-v., sulph.—

after coffee** : nat-m.—after chilli-**

ness : coni.—***after eating** : spong.—

fasting** : dulc.—after rising** :

nat-m.—***before stool** : nat-m., staph.

—***with diarrheic stool** : ambr.

verat.—***on walking** : calc.

forenoon : carb-v., nat-m.—***during**

stool : rhus.; after a thin stool in the

morning : ox-ac.—***at 1 A. M.** : phos.;

on **waking** : mag-m.—***2 A. M.** : an-c.,

—***3 A. M.** : phos.; after stool : lept.,—

***4 a. m.** : ol-an.; with diarrhea : sulph.

—***5 A. M.** : ox-ac.; on **waking** : nat-m.,

***6 A. M.**, with diarrhea : sulph.

afternoon : berb., chel., coloc.—*

before stool : calc-s.—***walking** : laur.

evening : aga-m., ambr., ant-t., baryt-c.,

bell., carb-v., dios., hep., mag-c., nat-m.,

petr., staph., stron., sulph.—***before**

going to bed : ol-an.—***before eating** :

puls.—***before sleep** : phos.—***before**

stool : ign., rumex.—***after supper** :

ox-ac.—*at 7 p. m.; before diarrhea : sulph.

midnight : baryt-c., lyc., nat-m., sep.—*after **waking** : sulph.

night : baryt-c., calc-ac., camph., merc., nat-c., nat-m., nit-ac., phos-ac., sep., sulph-ac., zinc.—*at **navel** : k-bich.

Sb. **diarrhea** : nat-m., sulph., zinc.

flatus, emission of : anac., coni., gamb., plumb., viol-t.

leucorrhœa : nat-c., zinc.

menses : cham., oi-an.

micturition : sulph.

stool : aga-m., am-c., ars., *asar.*, byro., cain., coni., crot-t., gamb., hell., hep., hydras., ign., k-nit., kalm., lact., lyc., *mag-c.*, nat-c., ol-an., rheum., sang., valer., viol-t.—***diarrheic** : bryo., coloc., nat-m., sulph., zinc.

DIGGING, 1 *rhus.*, *sang.*, *stann.*, *valer.* 2. ars., bell., calc., chel., nat-c., nux-v., rheum., rhodo., ruta., sabad., seneg., sep., spong., sulph., verat.

Pr. **eating** : sulph-ac.

Ql. **circumscribed**.—***epigastrium** : ol-an., sep.—***hypogastrium** : ol-an., sep., staph.; 9 p. m., > in bed, during **menses** : nat-s.; during **stool** : *rhus.*; as from incarcerated **flatus** : *spig.*—***navel** : coni.—***below navel** : led.; as from incarcerated **flatus**, < walking in open air : k-carb.—***R. S.** : ars., *rhus.*—***L. S.**, sticking ; coni.

diffused.—*to **stomach** : gins.—*to **throat** : hæmat.

gripping : graph.

Sm. as with **fingers**, > profuse pasty stool : *bryo.*, as from incarcerated **flatus**, in lower abd. : *spig.*; below **navel**, < walking in open air : k-carb.

Md. **stool**, during : *rhus.*

Cn. **menses** : nat-s.

Tm. **night** : k-carb.

Sb. **stool** : *stann.*

(To be continued.)

LEFT-HANDED DISCUSSIONS.

THE bitter attacks on Van Baun in one of the Institute sessions because of something assumed to be in his paper, recommending mixed and unhomeopathic measures in the treatment of certain diseases, were decidedly uncalled for. True, they had none but an amusing effect upon Van Baun, who, knowing that his critics had not properly heard his paper, or were too precipitate in their denunciation, waited his opportunity for a clinching effort. And he got it. The point of our article, or rather the two points are, first, that so many auditors either do not give attention to the whole of a paper, or, doing so, fail of grasping it in its entirety, and so, popping up at the close of the reading, deliver themselves of perfervid rhetoric which is not to the point; second, that such forensic discussion, being delivered in Patrick-Henry style, catches even him who has been least attentive and evokes much applause; so much so, indeed, that the uninitiated reporters, hearing the discordant clangor of sounds, naturally infer that the point hammered upon must be of importance and at once place it in the next morning's papers under lurid headlines. This form of sectional meeting was true not only in the section in which Van Baun was the essayist, but it was true also of others, and notably of the second session of the Materia Medica Conference when Price had read his exhaustive paper on the purposes of the Baltimore Investigation Club. Here the same misinterpretation and misunderstanding was painfully apparent.

What is the remedy? There seems to be two. First, that the essayist grade his paper to the average intelligence of his audience and make his "oral" paper brief; leaving the to-be-printed paper for the leisure of reading in the printed Transactions. Second, that the chairman of the section assume a function (if it be not guaranteed him by the Magna Charta and Cushing's Manual) and hold the disputants rigidly to the question before the house, calling them down whenever they wander palpably from the subject. This, in turn, implies that the chairman shall be familiar with the papers of his section. Is this, as a rule, a fact? How many chairmen know or care what their associates may write or say? It is a pitiful exhibition of medical medi-

Persons with weak eyes should not read or write, or do any fine sewing, with an empty stomach.

ocuity to watch the average disputant struggling with his facts, and who, eventually, in default of anything pertinent to the issue, is reminded of a case of something or other with which he had had most abundant success. It is that old medical slander, over and over again, of the doctor who couldn't cure what was apparently wrong with the patient, but, give him fits, he was "hell on fits!" If the Institute were a little County society (with no offense to the County society), in which no official record is made of the discussions, and where no reporters ever stray in search of startling "scarehead" items, then some justification might lie for this lapsing of a dignified sectional session of the Institute into a Methodist experience meeting! We are glad that this fox-paw occurred during the time that so eminent and popular a doctor, teacher, and writer as Van Baun had the floor: it makes our argument the more valid in that it gives large opportunity for drawing attention to this patent abuse of parliamentary privilege. We hope that future chairmen will take a good strong hold on the gavel and so conduct the session that it will not appear like a ward caucus, or a Friday evening prayer meeting. Then soon, also, there would be less complaint of the mass of irrelevant matter referred to the Publication Committee, and by them mercilessly cut out, to the dire confusion and condemnation of the Recording Secretary and his IN-efficient assistants!

DYED, CLEANED, AND REPAIRED.

IT is to be regretted that the Renovating Committee of the Institute has had so much to say concerning the fallibility of the homeopathic materia medica. The Institute, with the great majority of the profession (even though not in active membership), is looked upon as representative of the best and highest type of homeopathic progress in the world. And it is a bad example to set, this, of attacking, and in a public way, the efficacy of our medical means. Not only the younger generation but also the older will feel increasing doubt, and little by little the confidence of the practitioner will be loosened in his school of practice and find him turned aside to other means for curing his patients. That Materia Medica Conference

has been from the first a menace to our school. At Detroit it gave us a bit of offhand declamation which appeared in the following day's morning papers as proof positive that our school was losing faith in its pretended basis theory. And this year it has been even worse: for at one of the sessions practitioners of years and years of success, men who had stood and yet stand large and steadfast in the eye of homeopathic medicine, hesitated not to rise and give testimony to the utter unreliability of the very means by which they had become famous; and a means, too, upon which the apparent decrease in mortality under our system of treatment had been gained. Said several of these witnesses against its character for truth and veracity of Hahnemann's materia medica, in effect: if a truth cannot be investigated it is not a truth! In the abstract that may be true. But a well-made watch, or other delicately constructed bit of mechanism, may be absolutely marred and its future utility destroyed by the vandal hand of the flaw-finding investigator! Better fifty years of old-style, successful homeopathy than a cycle of bloodless, letter-perfect drug-pathogenesis!

MEDICAL RELIGION.

IN view of the fact that we have lost ONE subscriber because of our attacks on the preacher-bitten medical colleges, we have concluded for the present to say nothing more on that subject. Indeed, if this offended party will promise to restore his name and influence to the AMERICAN HOMEOPATHIST once more, we will write a series of articles approving of the meddling in our medical business by the preacher element. We will try to say that it is absolutely proper for the cloth to take on the prerogatives of the scalpel, the speculum, and obstetric forceps in every way; that the faculty address is incapable of being properly coined and delivered by any one of the twenty-seven men and ONE woman constituting the average medical faculty; that because of the wyemsea annex to our colleges our professors are ever so much more generous to their patients; and that besides treating the students free—to advice and some medicine—they now take turns in blowing the melodeon and leading the prayer meetings at the tri-weekly Christian

gatherings of the twenty-seven and ONE in unison with that godly and ever largest class in the history of that college. We will even go so far in our efforts to restore the religious serenity disturbed by our ten-cent infidel writings, as to say that there are no better leaders in medical college Christian worship in the world than Ludlam, Biggar, Green, Fisher, Deschere, Porter, Gatchell, Aldrich, Walton, St. Clair Smith, Shelton, Monroe, McElwee,* Millsop, Chapman, Williams, Stettler, Arndt, Comstock, Foster, Van Baun, McDonald, Boericke, Boothby, MacLachlan, Cook, Mohr, Shearer, Custis, Besemer, Dewey, and ever so many other good men and women true with whom the profession of homeopathy is filled. Can we make any more complete retraction of our former libelous remarks on the preacher-question? And ought not this withdrawing subscriber to reconsider his motion and again come in to our subscription list?

HAHNEMANN'S MONUMENT.

As to the success of the Hahnemannians in raising money for their statue in America, there is one aspect of the matter not sufficiently emphasized. Both the monument and the money-raising are made a standing advertisement. The honor or principle involved is purely figurative or assumed.—*Med. News.*

Really too bad, isn't it, Brer Gould? Perhaps you could suggest some quieter, non-advertising way of raising money to build a monument to a great man, medical or military, than by public subscription. Why rush in—but, hold, that reminds us that your own clearly benighted school has been in the field for how many years is it, dear brother, vainly appealing for means to erect a monument to your own great forebear, Rush, and up to this date has realized but a few paltry thousands, while the homeopaths, in less than two years, subscribed over thirty thousand dollars, and, what is more, are perfectly certain to secure every penny of the needed fifty or sixty thousand dollars with which to beautify the beautiful city of Washington with Hahnemann's statue. Better not throw any more ink at the Hahnemann fund until

the "honor or principle involved" is no longer feebly imitated by your own Rush committee. Your stronghold is the writing of caustic obituaries for the fast dying out homeopathy.

Book Reviews.

THE PRINCIPLES OF MEDICINE. By E. R. EGGLESTON, M. D., Professor of Theory and Practice in the Cleveland University of Medicine and Surgery, and late Professor in the Homeopathic Department of the University of Michigan. 1896.

This little pocket-book is apparently an *avant courier* of a larger and later forthcoming work on the same subject. It was prepared in advance of the doing away of the old didactic method of teaching and the substitution thereof of textbooks; it is intended as an introductory course, but is hoped that those of a larger growth may find some profit in its pages. It is cast into sixteen brief chapters, each devoted to some phase of disease and handled within that compass in good language and to the point; indeed, if we had any adverse criticism to make, it would be to the point that the language is too good—too far advanced, in other words, for the younger classes of a medical school unless the students are able to pass the hypercritical preliminary educational requirements of the New York State examination board. But this, if a fault, is a leaning to the better side of the picture.

What interests us in particular is the fact that, in the chapter on *Tubercle*, we find Professor Eggleston courageous enough to take the unpopular side of the problem: namely, the position that tubercle is not necessarily the result of bacilli; that tubercle might be and is generated from other and unknown causes, with no possible connection with the modern bacillus. A courageous view for a modern author and teacher to take, it seems to us. And a most excellent common-sense one at that. But think how the youthful aspirants for fame and fortune in medical ways will strive to pull down this man! How they will prove him an old-fogy, not abreast with the science of his times! How they will quote their culture-tubes and their microscopical researches, their chemical analysis and their other theoretical data, hurling anathema upon anathema upon this daring teacher! But the tide must turn! And soon. The profession as well as the people are tiring of this continued forced rhetorical climax; this surfeit of ghost-stories and calamity-discoveries. It and they are anxious to get back once more to a Providence-of-God existence where people are born not as the result of bacilli, and die in God's

* Also the Rt. Rev. Bishop of Florida, Mnsgr. II. R. Stout, the Rev. Geo. B. Peck of Rhode Island, and Rev. Sam. Jones of Ann Arbor.

good time and not because of the overrunning with several million kinds of bacilli.

There is a distinct tendency in the profession to let go of the highfaluting German metaphysical speculations and settle down again to just treating sick people, each for himself, and no longer guessing up long names and longer notions of treatment but which avail as naught; the people are becoming clamorous for the return of that good old time, when the little old "saddle-bags"—who like a lone traveler might have been seen wending his weary way over the distant hills—came into the sick room bringing sunshine and confidence as well as medicaments to his patients. He did not in those earlier days come caparisoned with all the modern scientific machinery clattering about his heels and teeth, and which even to-day serves mainly to keep the patient and the family busy and wrapped in wonderment and awe because of the multiplicity of devices as well as their inordinate expensiveness. He was not an advocate of the many things to be done for or poured into the patient, or injected into his nether orifices, or pricked into his skin or rubbed on to his body.

Professor Eggleston and one or two others, after whom we have been reading this past twelvemonth, are clearly pointing out the need for a retrenchment in the domain of suppositions and a return to common sense and medicine. And this fool talk about this and the other serum therapy, this and that anti-something, this and that electro-business, only makes it more possible for the uncertificated, nay even the diplomaed quacks, to thrive more luxuriantly upon the scared-half-to-death populace.

A certain homeopathic teacher was interrupted while lecturing in a homeopathic (?) college with the question if injections of tuberculinum for tuberculosis was not good homeopathic treatment? The answer was No! But Professor So-and-So (a member of the same faculty) recommends and practices it. Yes? How many have taken the treatment in the last year? Fourteen. How many have recovered from their tuberculosis? None. How many have died. Nine! Still it was a homeopathic professor who taught by precept and example that tuberculinum is a proper medicine, injected through a squirt-gun, for tuberculosis. And this is Homeopathy as She is Taught—in some of our schools!

Professor Eggleston makes other radical remarks all through his little pocket-book that come like a spring of clear cold unboiled water to a parching traveler. He is to be commended for his courage in advancing his ideas! We indulge the hope that he will continue to elaborate his ideas in his larger book and that they may find a ready soil in the younger men, who have

passed out of the bacteriological period as they had, preceding that, passed out of the puppy-love, celluloid-collar-and-no-cuffs period of their lives. It requires courage to set one's self opposite a popular fad. But truth will prevail.

Globules.

In a Maoriland office the reporter lately wrote: "Dr. Johnson felt the deceased's pulse before prescribing." The printer sets it up: "Dr. Johnson felt the deceased's purse before prescribing."

Dr. Weil states in the *Practitioner* that every form of vomiting during gestation can be relieved by a twenty per cent. solution of menthol in olive oil. Dose, 10 drops on sugar whenever nausea appears.

Dr. Custis, ex-president of the American Institute of Homeopathy, is become a member of the materia-medica staff on the *North American Journal of Homeopathy*. A very desirable acquisition for the *North American*.

Dr. E. H. Porter, the genial general secretary of the American Institute of Homeopathy, is taking his needed rest at Upper Lisle, N. Y. During such vacation each year Dr. Porter is at work piecing together the scattered mosaic of the Institute's recently closed sessions.

Dr. J. Richey Horner, formerly of Allegheny City, Pa., has accepted a place in the new Cleveland Homeopathic Medical College and will soon remove to Cleveland. Dr. Horner has been spending considerable time abroad in the pursuit of his special studies and is therefore well-prepared to fill his appointment in the amalgamated college. We predict a brilliant future for him.

The Southwestern Homeopathic College of Louisville has issued a one-page letter-sheet entitled "Opportunities for Success in the Profession of Medicine," taken from the *Hahnemann Announcement*. It's a new way of reaching the public and, for aught we know, a perfectly legitimate one, too. It seeks to show that the profession as to homeopathic doctors is not crowded. It also issues another letter-sheet, copying from allopathic works and journals showing the prevalence of homeopathy.

We learn with much regret that one of our distinguished World's Homeopathic Congress visitors—from Russia, Dr. Bojanus, Sr.—has recently died. All of our homeopathic membership who attended the World's Fair will remember this distinguished foreigner. His death

seems to have resulted from exposure during the destruction by fire a year or more ago of his residence.

Dr. D. A. Strickler of Denver stopped off at Cleveland on his way to the Institute and made us a pleasant visit.

The *Medical Era* showed its usual enterprise by publishing all the papers and all the discussions of the Section in Pedology in one of its issues.

Dr. De Forrest Baker of Cleveland has been ill some months. In consequence he has resigned from the amalgamated college, and given up his practice.

Dr. C. E. Fisher was seen at Ann Arbor a few days ago. What's in the wind this time? Reconsidered your former refusal of the crown on the Appian Way? Don't do it, Brer Fisher, until you are sure.

In an interview in a Louisville morning paper Dr. Allison Clokey, with other doctors, asserts that great heat causes an increase of crime. He believes for this reason that crime is more rampant in the southern countries.

Dr. Augusta Wittenmyer of Benton Ridge, O., says that she will donate her practice to anyone who will come there and buy her office furniture at a reasonable price. Homeopathy is well established and there is no other homeopathic physician there.

Dr. Alfred Heath of Eaton Square, London, took part in the English Naval Parade in a steamer chartered by the Navy League of which he is a member of the Council, and the whole of the ships of the navy cheered as this ship passed by; the admiral dipped his flag.

We regret to announce that two typographical errors appeared in the title of Dr. Helmut's article in the last number of the *NORTH AMERICAN*. "Thoracophagi" should read "thoracopagi" and "omphalophagi" should read "omphalopagi."—N. A. J. H.

This reminds us that it is a little, a very little, like that other correction which was found in a country weekly, to wit: "Instead of Oxtrychynosh in our last issue, read Cox."

The annual Announcements are falling upon our table almost as thickly as leaves in Vallambrosa. They speak in thunder tones of the faith there still rests in the old, unexpurgated materia medica of Hahnemann. If anything is to be reserved unto fire in the present materia medica, it is not apparent in these avant couriers of our colleges. The Denver school gives the picture of its proposed new college and hospital building. Hahnemann of Philadelphia comes

to the front with its Fifty-ninth Annual Announcement. The new Cleveland Homeopathic College has issued its Announcement and gives promise of many excellent things for its new faculty.

In many of the sections of the Institute there was a notable and praiseworthy endeavor to curtail the number of papers, and as well the number of discussions. Several of the sections selected one general topic and asked that the several members take divisions and elaborate thereupon. In this way *Rheumatism* was well handled, and the chief discussions being also written, the work, as already published in the *Medical Era*, presents a very tangible and practical result.

If the Baltimore Investigation Club's idea of materia medica is to be the Institute's verdict, how many years before some other club or committee will take another tangent and again unseat our homeopathic materia medica? Are we to be a shifting school of medicine like our elder brother? How much better can the users of the Baltimore Investigation Club plan cure their patients than can we of the old dispensation? If the proof of the pudding is not in the eating, pray in what is it?

The Hahnemann Monument Fund has made the notable departure of sending out actual solicitors for funds. It has also devised other progressive ways and means of reaching the homeopathic membership. This is now the time, brethren, to subscribe or to increase that subscription which you made several years ago. We know of nothing that will give you more satisfaction in after years than a visit to Washington to view the Hahnemann Monument, with the knowledge that you had helped to make that noble pile a success.

The *Minneapolis Journal* of June 11 contains a long article which claims that the examinations for license to practice medicine in Minnesota were shamefully conducted, making in reality a farce and a mockery of the whole thing. "Ponies" were used and all manner of helps employed. One applicant is said to have carried his Gray's "Anatomy" with him and referred to it. Another one carried a copy of the "American Text-Book of Surgery" into the examination room. A young lady with a mackintosh which had a long cape is accused of having come to the room with a lot of "Quiz Compendes" under her arm, which she used as occasion required. Evidently this is one way of straining at a gate and swallowing a saw mill. Minnesota will have to come down off her supercilious perch and adopt the Ohio plan of letting a genuine diploma, presented by a genuine

holder, be prima facie evidence that he is entitled to practice medicine.

Dr. Crombart says bad spelling is caused by disease.

The disappearance of external piles is said to follow the dusting on them of calomel. Is this based on that old principle of catching birds by putting salt on their tails?

A murder trial recently took place in New York City, in which it appeared that the mother of the defendant had thirteen children, all weak-minded and epileptic.

We have learned with much sorrow of the death of the accomplished daughter of Dr. Léon Simon of Paris in the notable fire accident of some months ago. Dr. Simon has our sincere condolences.

Dr. Green, the new first vice president of the American Institute of Homeopathy, made the shortest acceptance speech on record. It consisted of a profound Chesterfieldian bow and "I thank you!"

It gives us great pleasure to learn from a private communication received from Dr. Richard Hughes of Brighton that there is a likelihood of his being with us at Omaha next year. He will be a thrice welcome guest.

What has become of the army of broken-down celebrities who made malodorous the advertising columns of our Saturday morning paper? But perhaps this is not the proper season of the year to take these wonderful cure-alls.

Dr. Boocock recommends the iodide of arsenic in chicken cholera. He mixes about two pounds of meal with two drams of the remedy, and puts that mixture in the chicken house for the chickens to take at will. It cured for him every case.

Dr. Ochiltree of Haddam, Kan., is anxious for a meeting of the three schools of medicine in one fraternal circle. The motive is a good one, and no one of the three would assent to this proposition more readily than the homeopaths. But we question whether, even in the land of perpetual sun-flowers and Lease, that were a practical thing to do.

Dr. John Harris Jones, in the *New York Med. Journal*, says there are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna; and among its favorite tissues are those of the female sexual organs; its employment is followed by more or less benefit in every disease to which these parts are liable. He recommends it highly in sterility.

According to the French journal, *L'Echo medical du nord*, published in Lille, a bill is pending for the regulation of the practice of medicine which that journal says is insulting to the profession. Some day not very, very far away, there will be a revulsion of feeling on this subject of regulating everything by legal enactments.

One of the truly bright and instructive papers of the American Institute of Homeopathy at Buffalo was that presented and read by Dr. J. M. Lee of Rochester in the Gynecological Section. Dr. Lee's discussion in that same section bespoke a vigor of intellect and conviction which always proved interesting and instructive. The heavens protect us from the average paper and discussion even in this important medico-surgical section.

Dr. Sidney Ringer, in the *British Med. Journal*, having long regarded the mucous expectoration in bronchitis, whether viscid and vitreous or profuse and watery, as rather an increased secretion than an inflammatory product, uses the belladonna tincture in 10-minim doses three times daily, or oftener, to check secretion and relieve incessant and troublesome cough. He also recommends it to relieve the bronchitis produced by the inhalation of ether.

The genial Walton told that counterfeit ten-dollar-bill story to the graduates of the New York Homeopathic Medical College at their recently past graduation banquet. Pretty soon he will believe that story himself. But he told a good one on the little girl who baptized her doll. By the bye, those New York folks never fail of having a jolly good time at their commencement exercises. They always have good speakers and good toastmasters, and when they have a preacher man he proves to be a jolly Friar Tuck before the evening is over.

The current number of the *homeopathic monthly review* of London gives a little account of the meeting of the American Institute of Homeopathy at Buffalo. We would like to bet a dutch sandwich to a corresponding membership in the British Homeopathic Society, and give back the membership if we win it, that the fra-diavolo editor who gave the name of every officer elected except our very own doesn't know to this day what they do with the buffaloes at night in the City of Buffalo, nor at what hour of the evening the Iroquois Indians are required to withdraw to their lodges and refrain from scalping or otherwise maltreating the pale faces. The fra-diavolo editor of the *homeopathic review* can occupy a very small place upon some occasions. This is another way of receiving a compliment.

No epileptic should be allowed to sleep on a feather pillow.

In all cases of obstinate sore mouth examine the urine for sugar.

Dr. W. A. Dewey, Ann Arbor, is taking his vacation at Middleburg, Vt.

Psychotherapeutics is the new name for Suggestive Therapeutics or Faith Cure.

The principal remedies in asthma are ipecac., sambucus nigra, cuprum, lobelia infl., and bryonia. Each, of course, according to its peculiar symptoms.

The *Journal of Homeopathics* seems to have ceased its publication. We have not seen any further number than that for April, 1897, and this was the first issue.

Infants nursed by women who are in the habit of consuming excessive quantities of salt with their food are attacked with soreness of the genitalia, of the axillæ, and of various other glands.

The Ohio State Board of Registration and Examination has issued its first volume of Transactions. It is well prepared, shows a splendid system of work, and makes a valuable book for the office.

Dr. St. Clair Smith of New York is taking a little outing in Europe. If our English brethren want to have a good time, they will get our brother Smith to tell them some of his famous stories.

Omaha, the city in which the Institute will next assemble, was founded in 1854, and to-day has a population of 140,000. Within a radius of six miles from its court-house, there is a population of about 180,000.

A number of reprints are on our table, and among these one by J. Kent Sanders of Cleveland, entitled "Bits from Old World Hospitals," which paper appeared originally in the *North American Journal of Homeopathy*.

The section in Gynecology of the Institute was not without its bit of friction. One of the speakers found a good opportunity for rubbing it in to the raw on Dr. Biggar. But what was the need for doing so? And why are such speeches permitted in any section?

Dr. François Cartier of Paris has sent us a copy of the *Revue Homœopathique Française* for May 31, 1897, containing a readable article concerning the Tomb of Hahnemann. This declares that the tomb is now in possession of the French brethren. But what has become of the claim of Hahnemann College of Philadelphia?

"The Great Stone of Sardis" and "The

Kentuckians," the former by Stockton and the latter by Fox, hold the interest of the reader in *Harper's Monthly*. The Stockton story is an exceptionally good one. "The Kentuckians" is handled with a brightness and originality which suggests Octave Thanet.

The Missouri Valley Homeopathic Medical Society, Dr. A. M. Linn, General Secretary, will hold its fourth annual session at Iowa City, Ia., on September 28, 29, and 30, 1897. Many prominent medical men from all sections of the West will be present. Dr. Ch. Gatchell will give an address on "Pessimists and Optimists."

Lippincott's still holds its own as a popular monthly. Its fiction is invariably of the cleanest and most interesting order. Its book reviews and the half-page records of wits is worth careful reading. In the last month's story, "Daughters of One Race," occurs a medical incident, the restoration of sight temporarily to a paralyzed optic nerve.

Vinegar has been found, perhaps from the time of the discovery of anæsthesia, to be an efficient aid in resuscitating those who had been overcome. A cloth wet with vinegar and placed over the nose and mouth for a few hours has a most wonderful effect in restoring the patient from the effects of an anæsthetic as well as preventing nausea and vomiting.

Will anyone tell us what has become of our old and dearly esteemed friend, Dr. J. Montfort Schley? We had a line from him under date of May 26 ult., in which he implores us never to permit the use of the X-rays with any of our patients, because "the pains that follow its use are beyond description. They are of hell!"

Which reminds us that Dr. Biggar has under treatment a case of fracture of some of the bones of the foot; in order to determine exactly the break the patient, while in the East, had the foot subjected to the X-rays and a picture made. Since that time a peculiar condition of gangrene has developed at the points where the ray was employed, which thus far has baffled all remedial measures. This patient has also a number of other, but recently developed, nervous troubles.

From an English letter recently received we learn that the Transactions of the Fifth International Homœopathic Congress was sent to us by express because it was too heavy for the mail! Hence the necessity for making us pay the extra amount for duty, etc., of which we spoke in a former issue of this journal. This is good, as far as it goes. But it doesn't go far enough. We know that the little dig at our recently passed tariff bill is merited. But why continue to hold out to other subscribers that the Transactions will be sent by *mail, carriage paid*? Will the

copies of other subscribers than ourself weigh less? Or is this pretense kept up "of mail and carriage paid," in order to get a few more subscribers for the Transactions? We insist that the Transactions are *not* mailed nor carriage-paid, when they come to us by Wells, Fargo Express, and require an additional payment almost equal to the price for which the officials say they will send the book, carriage paid! And the Dingley Tariff Bill, like the flowers that bloom in the spring, has nothing to do with the case.

Dr. L. R. Palmer of Minneapolis, Minn., visited Cleveland during the closing days of July and made us a pleasant call.

Coughs and sore throats may be much alleviated by glycerin and lemon juice, diluted with water, taken at night. Hot flaxseed tea with lemon juice, sweetened with rock candy, is excellent also.

We are reminded that those who wish to make a European jaunt via Liverpool can do no better, so far as money and convenience and comfort are concerned, than to take the Montreal trip which we made last year. The Dominion Line of Mail Steamships running from Montreal to Liverpool furnishes every facility for enjoyment, the boats are safe and easy-running. Besides it is a novel way to reach Europe. Ask Mr. MacFarlane, 17 St. Sacramento Street, Montreal, Canada, for particulars.

Now that the dog days are upon us why not take a little run to Montreal or Quebec, and enjoy some novel scenery as well as a new atmosphere? You will find it a delightful variation from the annual visit to some Atlantic seaboard watering place with its stiff prices and summer girl. Before you close your plans for the holiday write to R. McC. Smith of the Grand Trunk Railway Systems, 417 Walnut Street, Cincinnati, and learn the very latest about rates, time tables, pleasure resorts, and so forth, for a delightful trip to the great St. Lawrence.

The New England Gynecological Club do not publish their transactions, but instead devote the income from dues to the expense incurred in entertaining monthly at least one eminent specialist from New York or Philadelphia. Travel for the guest is rendered delightful by a water trip via the Norwich line, the recognized favorite route between New York and Boston, and at a home of a club member, selected in rotation, the doctor is entertained during his stay.

New England is famous for its medicinal springs, and about one—the Bedford (Mass.) Mineral Springs—a bit of romance clings. It is said its life-giving waters were discovered by the

aborigines. The story is told in an interesting way in a booklet issued by Dr. W. R. Hayden, who is so well and favorably known to the medical profession through Hayden's Virburnum Compound. Dr. Hayden purchased the Bedford Mineral Springs in 1868, and since then has made many valuable improvements. The past year, however, has marked his crowning effort in the completion of the handsome new hotel, which he has christened "The Sweetwater," in honor of an Indian maiden. A card to Dr. Hayden will bring you an interesting booklet of the springs and its surroundings.

Probably the question, Are you in pain, is more frequently asked than any other. Nothing appeals to one more strongly. To be able to relieve pain, whether it be a slight nervous headache or the most excruciating suffering from a severe neuralgia, brings the height of pleasure to both patient and attendant.

The ideal remedy must not only do its work, but it must also do it quickly. Touching this point, in a recent article, Hugo Engel says: "Antikamnia, in all kinds of pain, is as quickly acting as a hypodermic injection of morphia, and it is used only internally. To stop pain one five-grain tablet (crushed) is administered at once; ten minutes later the same dose is repeated, and, if necessary, a third dose given ten minutes after the second. In 90 per cent. of all cases it immediately stops the pain."

Nutritive Value of Meat Broth.—Some dogs fed exclusively on meat broths, five hundred grams, in Vulpian's laboratory, died at the nineteenth day, while others, to whom water alone had been given, survived within one day as long, dying the eighteenth day; showing the negative nutritive value of meat broths.—*Bulletin de Thérap.*

This may be accounted for in several ways beside that which is very evidently the design of the article. The meat broth had been cooked and rendered lifeless; while the water, being alive and filled with ever so many milliards of microbes to every drop, was capable alone of sustaining life. We remember, some of us gray-beards, that Dr. Tanner lived forty days on water, and that his first article of food after the conclusion of the fast was a water-melon. Think, then, of the folly of boiling drinking water and pretending that thereafter it is still drinkable water!

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The American Homeopathist.

NEW YORK, SEPTEMBER 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



WILLIAM E. PRYOR, M. D.,
Camden, O

INSTITUTE STENOGRAPHIC REPORTS.

THIS year, and the year before, and probably even for many years before that, there have been a few complaints by some Institute members concerning the stenographic reports, particularly in the sectional work. The by-laws of the American Institute of Homeopathy require that the Recording Secretary shall make or cause to be made stenographic reports of the sectional work, and of certain of the standing committees. It is evident that with ten sections and the general sessions to report, the Record-

ing Secretary cannot be in more than one place at the same time; hence, the necessity for assistants, which, in turn, implies: first, an appropriation of money for such assistants, and second, men willing to do the work for the money at the Recording Secretary's command. All medical editors and authors know that expert medical stenographers are not easily found, for the reason that medical matter is of the most difficult order to report; from which it follows that a medical stenographer commands the best price in the market. Shorthand reporting—not office-writing of dictated letters—is a distinct profession and commands the price of the best skilled labor.

THE amount paid by the American Institute of Homeopathy for reporting has not, in our recollection, exceeded three hundred dollars in any one year. Some years ago this writer feeling then, as he had from the first of his incumbency, the inadequate provision made for reporting the Transactions, and mindful of the sheaf of annual complaints reaching him from time to time, asked for and received permission to increase his staff one man. In that following year the reports were much more satisfactory. But the effect of the evil times which had fallen afoul of the country were also felt in the Institute, retrenchment was counseled, and the secretaries importuned to cut down all expenses. Mindful of this request, we were able, thanks to the excellent arrangement of the programme and the willingness of the two assistants, in this last past session, to reduce the bill for reporting to \$175. Praiseworthy economy, was it not? Ought we not to have been commended for our cheerful alacrity in cutting down expenses, and doing so much extra work ourself in order to save money to the Institute that we were laid on a bed of sickness for several weeks? But, alack, here come the usual cut-and-dried protests from the inconsistent membership, to whose coffers we saved several hundred dollars by our economical parsimony. We are assailed as formerly by all the stock phrases employed by the experience meeting speaker when he sees

the written result of his little offhand speech. Of course he does not recognize it. What would they? Did they expect to buy gold dollars for forty-nine cents?

* *

SOMEONE in our hearing, at Buffalo, after expatiating on the poor reports published in several of the sections, quoted with loving unction the very superior and perfect system employed by the American Medical Association. Although smarting under the sting of imputed inefficiency, we were grateful for the oblique compliment, and treasured up the little hint, determined at first opportunity to investigate this alleged finer system of making stenographic reports. We did look it up, and with this result: The American Medical Association divides its scientific work into eleven sections: the official reporter (who occupies practically the same position as the Recording Secretary of the American Institute) employs *one* stenographer for *each* section, making with himself twelve stenographers in all! These men are expert medical stenographers. They report *verbatim*. Some ten days or two weeks after the meeting has adjourned, the eleven send in their type-written transcripts, which are edited by the official reporter simply for style of composition. Participants in discussions are *not* furnished with type-written transcripts of their remarks for revision. For this service the American Medical Association appropriates annually *one thousand dollars!* out of which lump sum the official reporter pays his assistants—the afore-said eleven—the regular stenographic fee, namely, ten dollars per day for taking the shorthand notes, and twenty cents per folio of one hundred words for furnishing type-written transcript!

* *

IT requires no special knowledge of the higher mathematics to appreciate the disparity between the prices paid by the American Institute of Homeopathy and the American Medical Association—\$175 and \$1000. May not this, in part, account for the alleged meagerness and incorrectness of some of the Institute reports—this inadequate amount appropriated and the necessary employment of non-expert assistants? The present Recording Secretary has had to employ (as have doubtlessly all his predecessors) either recent graduates in medicine or second year doctors who, having no practice, were not averse to visiting the Institute at excursion rates, having a "hurrah"-time with the Local Committee of Arrangements, and taking of their subsequent leisure to decipher their notes, or, else, use undergraduates from homeopathic colleges whom certain members of the

respective faculties had warmly recommended to this Recording Secretary as perfectly competent to do the Institute reporting. Thus it has happened on several occasions, that the reporting of some of the sections was given to men who knew more of medicine than of shorthand, which lamentable fact (viewed from a shorthand view-point) could not be discovered until the transcripts were sent in. No thoroughly qualified medical stenographer will attend the Institute when assembled in another city, for ten days or two weeks, pay all his railroad and hotel expenses, and do the work required by some unreasoning members of the Institute for the price paid by that Institute.

* *

WE have said it before, and we repeat it now with some feeling, that the offices of General and Recording Secretary are of the most important in the gift of the Institute. It is through these officers that the permanent record is secured. Any tampering with the efficiency of their functions is the part of extreme unwisdom. Presidents come and go and help to fill the speaker's platform each year for a few hours while the new session is being born and properly started; vice-presidents are allowed for a usually monotonous half or three-quarters of an hour each year to hold the gavel while the President reads his annual address, or are called on to preside when some intricate parliamentary question is to be sprung; and that is about all. But the work of the faithful secretary lives after him and forever! Instead of subscribing thousands of dollars for unwritten books, founded on a shifting theory, or saddling the aftercoming membership with a large burden of debt, let there be more opportunities given, and more money put into the secretaries' hands to render the imperishable part of the Institute—its scientific records—the very best in all the wide world! For it is upon this visible record that the Institute lives in the hearts not only of its membership but of the profession of homeopathy everywhere.

* *

NOT every young man who writes of shorthand sufficient to make a class report of the college lectures is a stenographer. Let it also be remembered that the favorite stenographer and type-writer in the office of some member of the Institute is no more competent to follow a rapid medical speaker—let us say Campbell of St. Louis, Wilson of Detroit, or Norton of New York, in the O. O. and L. section of the Institute—than she is able to write Hebrew on the score that she has a firm belief in the Mosaic cosmogony! True, once in a while a man who is a medical man now, but was a professional

shorthand writer formerly, is willing to "help out," and does good service. But he is a very rare find. The membership, when disposed to "growl," should bear in mind three very important facts. Namely, that the Transactions as now restricted to nine hundred pages will *not* permit of *verbatim* reporting; second, that as now paid for, the Institute cannot expect verbatim reports; and, third, that after the Recording Secretary has turned over his personally corrected copy to the General Secretary, there are two silent but destructive revising committees who pass through every page of submitted manuscript with a large blue pencil!

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Eupatorium Perf. IN SUPPRESSED MALARIA.—Dr. H. R. Stout²⁰ combats the idea that quinine is essential in malaria. Cases in which quinine has suppressed but not cured are commonly referred to him.

A young lady who came south for grippe took cold and had a sharp attack of pneumonia, followed during the convalescence by a hepatitis. During both diseases her temperature would be higher between 9 A. M. and 4 P. M. with little fever in the morning and night. Made suspicious, the doctor discovered a very slight daily rigor between 8 and 9 A. M. After the hepatitis had subsided ipecac was given to develop the latent intermittent. It developed to perfection into a very trying case, cured by eupatorium perf. in potencies from the 3x to the 200th. The previous history showed for the past year or two occasional attacks of intermittent suppressed by quinine. She had been listless, with poor appetite, frequent pain and soreness in the region of the liver, constipation, etc.

Remedies in Dysuria.—In running down a drug for a patient suffering from dysuria, Dr. L. M. Stanton⁸ collected this comparison, supplemented by Dr. W. M. James.

Canth. Burning at the end of scanty urination. Frequent micturition of scanty watery urine at first, with pain, and toward the close with cutting.

Frequent urging, with scanty urine, and toward end of micturition pressing pain in base of urethra extending to orifice.

Equisetum-hyemale. Dysuria of women, with extreme and frequent urging to urinate, with severe pain, especially immediately after urine is voided.

Mez. Biting burning in forepart of urethra at close of micturition.

Petrol. Cutting in neck of bladder, at the beginning and close of micturition.

Phos. At close of micturition and after it, a smarting pain in glans.

Sars. Much pain at conclusion of passing water, almost unbearable.

Sulph. Cutting, as if the urine were acid, at close of micturition and afterward.

Sepia. If the desire to urinate is not at once satisfied, a spasm occurs with trembling and shivering.

Sulphuric-acid. If the desire to urinate is not soon satisfied there is pain in the bladder.

Causticum. After urinating, smarting as if from salt in the pudendum.

Phytolacca. Pain in the region of the bladder before and during urination.

Sathyrus Sativus PROVINGS.—Dr. C. Bojanus^{9, 36} mentions the following symptoms which were observed in persons who ate food containing the sathyrus sat. :

"First of all he felt a weakness in the legs, heaviness in the gait, temporary tremor in the legs, principally in the night, cold feet; succeeded by tremor in the hands, though not as strong as the tremor in the legs. About a week later he felt a strong pressure upon the bladder, a strong and frequent wish of urinating; he had to make haste, otherwise the urine passed of itself, and with such force that it spouted out. Weakness, tremor, and heaviness of the lower extremities increased gradually, so that after two months he could only move if leaning on some support."

There are five cases given and, as said above, they all presented practically the same symptoms.

A Eupatorium Perf. CASE.—E. J. Kendall, M. D.¹⁵—March 9, 1897, Mr. D., aged about forty, black hair and eyes, complained of great nervousness: startled by the least noise;

hands trembled. Had been in that condition a long time. About three weeks before consulting me, had a chill. Came about 7 P. M. and lasted until 9 P. M., followed by sweat; thirsty during both chill and sweat. Hands were dry, feet burned, burning in eyes, had a presentiment that some calamity was about to happen.

On going into the history of the case, he said that about five years ago, in Peoria, Ill., he had an attack of malaria, for which he was given large doses of quinine and Fowler Solution of Arsenic, and other drugs, and that he had not felt well since.

The only symptoms of the attack of malaria five years ago that he could remember were great thirst during chill, and intense aching in the bones.

Gave him eup. perf. in cm. potency, one dose on tongue. Gave him also a bottle of placebo. At the end of a week he returned and asked for "another bottle of those pills." He reported that he was feeling a great deal better, that he was not nearly so nervous, and that he had no more chills. Gave him another bottle of placebo. By the time he had taken that he was well and has remained so ever since.

The point is, that five years ago his symptoms indicated eup. perf. Apparently he was not given that remedy, but, instead, was dosed with large doses of quinine, arsenic, and other drugs, which did not cure. And it was only after all those years of more or less suffering that he received a dose of the remedy called for by the symptoms and was speedily restored to health.

Cocculus Ind.—Dr. C. M. Bojer¹⁵ was lately called in consultation in a case denominated typhoid fever by the attending physician. The sickness had lasted over a week and now presented the following picture:

Stiffness and rigidity of the neck, trembling of lower jaw, alternating with periods of absolute trismus, retention of urine, desire to escape from the bed, spasmodic motions of different muscles of the face, can swallow only a few drops of water at long intervals, no sleep.

I suggested cocc. ind., which was given in the 12th decimal potency, and the next morning had the pleasure of seeing him open his mouth. And all the other symptoms gradually disappeared in

spite of a previous unfavorable prognosis by his attendant.

Polyporus Off. IN INTERMITTENT FEVER.—Dr. C. M. Bojer¹⁵ describes the cure in two days of the following symptoms by polyporus off. 200th.

Chills, varying, usually, two, sometimes three, daily. Single diurnal paroxysms were invariably followed by a nocturnal one between twelve and one o'clock.

Chills begin in calves and over shin bones, first on one side and then on the other, thence creeping upward, with shaking; better by heat of fire; no thirst.

Heat begins in feet, is accompanied by aching in neck, vertex, and bones; is thirsty.

Sweat universal, but much more profuse on scalp and forehead. It relieves all the aches, but it leaves her weak and nervous.

During apyrexia, diarrhea, with large light yellow, foamy stools, preceded by straining; worse after midnight.

The patient, a blonde, aged nineteen, had passed through a severe attack of measles two weeks previously, and had suffered from the ague for five days.

Cocaine.—Magnan¹⁹ described as a characteristic symptom of cocaine poisoning an hallucination which consisted of a sensation as if foreign bodies were under the skin, generally small, round substances like grains of sand.

Korsakoff reported the case of a woman suffering from multiple neuritis, who complained of a sensation as if a worm were under the skin. This woman was being treated at the same time for uterine affection by means of vaginal tampons containing cocaine. A discontinuance of these caused the subcutaneous sensation to disappear.

Opium, SKIN SYMPTOMS OF.—Dr. H. A. Hare²⁰ says of the skin manifestations of opium:

"Opium, on the other hand, is not usually suspected of causing eruptions on the skin. As a rule, the eruptions produced by it are limited to the face, but sometimes they are generalized. More commonly they are true erythemata and sometimes scarlatinal in type. In some cases there may be great redness of the skin, abundant sweating, acceleration of the

pulse, heat of the skin. According to Brugisser, these symptoms often ensue after small doses, such as 10 drops of laudanum. In the great majority of these cases the eruption ends in desquamation, and it may be furfuraceous or in large plaques, according to Lanz, and resemble in every particular the desquamation of scarlet fever. In one case seen by Guinard the desquamation lasted over a period of eight days. These opium eruptions are not only produced by the single dose, but in some cases each subsequent dose so results. Thus Berenguier reports the case of a patient who had an eruption three times in one week from the use of doses of opium, and Brugisser records the case of a patient who developed an eruption on one leg from the use of 4 grains of Dover's powder, another eruption the next day from another dose of 1 grain of Dover's powder, and a third eruption after 5 drops of laudanum. Deschamp and Apolant do likewise."

Lycopodium IN NEURALGIA.—The following excellent case is a translation from Dr. Goullon of Weimar: H., fifty-five years old, took sick last February with a severe neuralgia, which he had repeatedly experienced during last spring. It begins as a dull pressure in the right side below the last rib, near the vertebral column; the increasing pains radiate forward into the abdomen, simulating enteralgia, or into the back. Characteristic is the increasing impossibility to lie down; he turns and twists, and finds the most relief in the knee-elbow position. Sleep is impossible, as the pains continue nearly all through the night. Micturition and vomiting of acid and bitter stuff, taste bilious and bitter, with disgust for all food. As mental complication may be mentioned excessive irritability, as our otherwise gentlemanly patient swears like a trooper—a thing unusual with him. Constipation for several days, till intestinal functions show returning activity again by the passage of some inodorous flatus. He probably caught cold during the inclement snow weather, aggravated by an acute gastric catarrh, so that digestion is at a low ebb, and he is disgusted with himself and wishes to be left alone, moaning continually and damning his pains and every other thing. On the second day of his suffering an acute vesical catarrh set in, with

fever and nocturnal palpitations (probably from the use of cold beer, or by radiation from the original point of the disease). The patient had to get up thirty or forty times during the night, with tenesmus and intense burning pain during and after micturition, as if hot lead passed through the urethra. The scanty urine was murky, brown, dirty-red, thick, and of a moldy odor. *Lycopodium*¹⁻², 6 drops in half a glass of water, was prescribed, a teaspoonful every three hours, producing very soon a copious, though still painful urination, which ceased with the copious passage of more urine, and soon old Richard was himself again.

A CLINICAL STUDY OF THE ACTION OF ANTIPHTHISIN (KLEBS) IN NINE CASES OF TUBERCULOSIS.

By W. LAWRENCE WOODRUFF, M. D. Phoenix, Ariz

CASE I. That of Miss —, aged thirty-three years, published in full in the *AMERICAN HOMEOPATHIST*, issue of February 15, 1897. This is a case of tuberculosis of the knee joints, and is progressing favorably, in spite of a severe attack of acute gastritis through March and April of this year. After fifteen months of antiphthisin, she is so much encouraged and feels so well that a few days ago she took unto herself a husband. During the last month she took 4 cubic centimeters per day.

This patient took her last dose of antiphthisin on June 3, and has had a normal temperature for the last eleven months, with a very few exceptions during the attack of gastritis, when the highest was 99 $\frac{1}{2}$ °. During this acute attack, the tuberculous condition of the knees gave us no trouble; in fact, they seemed to be nearly well. The patient is gradually gaining in strength, has a good appetite and digestion, and in every way is a fine example of the efficacy of this treatment.

CASE II.—That of Mrs. C., aged thirty-eight years, mother of one child, family history good, except one brother who died of consumption.

Treatment commenced May 5, 1896, after a residence of four months in Phoenix, during which time she constantly grew worse. This is a case with a history of indigestion for years—in fact, all of her life—with cankerous condition

of the mucous membranes, and some inflammatory condition of ovaries at menstruation.

This patient at commencement of treatment weighed 118 pounds; height 5 feet 6½ inches. She had night sweats, considerable prostration (especially in the morning), liver considerably enlarged; was taken with lung trouble in the fall of 1895, following a week's attendance at a church fair, which was held in a large and unoccupied building, the floors being covered with wet sawdust, without much sweeping.

Examination of lungs showed upper lobe of left lung involved, upper half consolidated, lower half very much thickened, with cavity under third rib as large as a walnut; lower lobe left side somewhat thickened, mucous râles increased; slight dullness on percussion. The middle lobe of right lung slightly involved.

This case showed 248 tuberculous bacilli to the field; expectoration muco-purulent; quantity 29 centimeters in 24 hours. On commencing treatment patient's temperature was averaging 100; on the twelfth day of treatment temperature down to normal, which point was maintained with very slight variations, not amounting to over $\frac{1}{10}$ or $\frac{3}{10}$ through summer, fall, and winter (except during menstruation, when it usually went up 1 degree) until January, when a severe attack of la grippe sent temperature for a few days up to 100° and 101°; by February 1 it dropped down to normal, where it remained so until the middle of March, when I commenced to rapidly increase dose of antiphthisin, and from that time on until the 1st of June, by the influence of the remedy, temperature was kept around 99° and 99½°. The middle of March the dose of antiphthisin was 3 cubic centimeters per day, which was increased quite rapidly until the latter part of the first week in May, when it reached 5 cubic centimeters; this dose being kept up during the rest of the month, and the temperature dropping to normal three or four days after medicine stopped.

The condition of the patient after thirteen months of antiphthisin, demonstrated by a thorough examination by myself and another physician, is as follows: Right lung absolutely sound. Left lung: lower lobe, sound—healed entirely; upper lobe: lower half, perfectly healed, upper half air entering freely, cavity

shrunk to one-third its former size, healthy tissue surrounding cavity, some few air cells yet infiltrated, percussion sounds but a shade off normal, and auscultation shows healing progressing very rapidly, but lung not entirely healed.

This lady now weighs 155 pounds, and is in better general health than for years; feels perfectly well and has returned to her northern home for the summer. She yet coughs some and expectorates some; expectorations still slightly purulent.

CASE III.—Male aged forty-two years; length of sickness nine months; mother and five sisters died of consumption.

Treatment commenced May 22, 1896. Patient had typhoid-pneumonia during September, 1895; previous health good. At commencement of treatment very poor digestion, very weak, night sweats, vomiting of food in the morning, consolidation of upper lobe of left lung, cavity under third rib about two inches in diameter; slight hemorrhage occasionally; weight 136 pounds, normal weight 150 pounds.

This patient commenced treatment with temperature at 102½°; by the fourth day it was down to 99½°; ninth day down to 99°, which was the lowest point reached.

Patient took antiphthisin for thirty days; the last ten of the thirty a small abscess formed in the lower part of the upper lobe of left lung, which sent temperature up to 102°, the eighth day after, dropping down to 99½°, which was last day of treatment.

This patient, because of the hot weather, but principally because of his being carried away with the Shepherd Treatment, went back to Elgin, Ill., where a speedy and complete cure was promised. He has since died.

The dose in this case was increased from $\frac{3}{10}$ cubic centimeter, which was the size of the first dose, to 1 cubic centimeter during the last week of the month.

CASE IV.—William H., aged thirty-two. Whole of left lung consolidated. Right lung, upper lobe slightly involved; came under my care on the 25th day of November, 1896, with temperature of 102°, which was dropped in three days down to 100°, but died before the week was out, the highest dose being $\frac{3}{10}$ cubic centimeter.

CASE V.—A young German, male, twenty-four years of age, family history good. Came to me on the 17th of December from Chicago—sent to me, by the way, by one of the leading allopaths of that city. Patient was taken sick during the previous May, and during the succeeding eight months passed through the hands of some half dozen of Chicago's leading allopathic physicians, nearly all of them holding professorships in the colleges. At first the diagnosis was chronic dysentery, but later they united in pronouncing it mesenteric tuberculosis. There is a history of the bowels moving from once to three times every hour for weeks, and, since first taken, rarely missing an hour without a passage. Occasionally, with the aid of powerful astringents they would check it for a few hours, when it would again start off worse than ever.

This young man dropped from 176 to 118 pounds. For the last month before coming to Phoenix the whisky cure was given a fair trial, two gallons per week being consumed. When coming under my care, on December 17, I found the patient very weak, greatly emaciated, height 5 feet $11\frac{3}{4}$ inches; bowels moving from two to three times per hour, night and day—passages watery, dark colored, and very offensive; no appetite. Pulse 100; temperature 100° . One of his Chicago physicians told him that, no matter where he went, he could not live longer than the first of the year.

This patient's highest temperature was in the morning, his lowest at evening, and this kept up during the first three months of treatment.

I put him to bed and started treatment with $\frac{2}{10}$ of a cubic centimeter of antiphthisin—per mouth, because of the frequent stools. In ten days the temperature was down to normal, bowels checked up to five or six passages in twenty-four hours. From this on gave antiphthisin per rectum, in gradually increasing doses.

Patient was under treatment for four months. Discharged on April 1, 1897, weighing 156 pounds, bowels moving two to three times in twenty-four hours, but very small passages, which altogether would make but one ordinary passage. Stools normal in color and consistency. A happier Dutchman you can rarely find.

CASE VI.—Mrs. J., aged thirty-three years;

length of sickness one year. Came to me from allopathic treatment on January 2, 1897. Temperature 101° , extreme prostration, constant cough—more frequent at night—patient raising large quantities of muco-purulent matter; confined to bed; could retain nothing on stomach; bilious diarrhea—bowels moving six to eight times in twenty-four hours. Lower lobe of right lung solidified; liver enlarged, mesenteric involvement, menses long past due; night sweats the most copious in my experience, so that everything around her was soaked—bedding and bed clothing had to be changed every morning.

Commenced treatment with $\frac{2}{10}$ cubic centimeter of antiphthisin. By the eighth day was giving $\frac{1}{2}$ cubic centimeter, temperature dropped to $99\frac{1}{2}^{\circ}$. By the 14th day the temperature dropped to 99° ; 16th day to $98\frac{1}{2}^{\circ}$; dose at this date $\frac{6}{10}$ cubic centimeter. Pulse dropped from 120 down to 100. From this on the temperature ranged from $98\frac{1}{2}^{\circ}$ up to 100° until the 27th of the month, at which date her husband arrived from the East, and he, having only faith in heroic treatment, paid the bill and called in an allopath, and in two weeks' time she was a corpse.

During the treatment the discharge from the bowels was reduced in frequency to two or three passages in twenty-four hours, and stomach got so that it would retain food.

In this case I gave antiphthisin by the mouth because of the loose bowels and extremely sore anus caused by hemorrhoids.

CASE VII.—An elderly gentleman, in his sixties; commencement of lung trouble dating back some seven or eight years. Did not examine lungs. Temperature running above 100° ; cough quite bad, especially at night, which interfered with sleep very much, with very little expectoration. In eight days' treatment highest dose was $\frac{3}{10}$ cubic centimeter; temperature brought down to 99° , cough very much relieved so that sleep was but little interfered with, and expectoration freer.

Patient was called to California at end of this time, but intends to return in the fall and continue treatment.

CASE VIII.—Male, aged twenty-six years; glandular tuberculosis—a number of the lymphatic glands of the neck, left side, having been

removed by surgical operation, by Dr. Senn of Chicago, last summer.

Commenced treatment January 12, with temperature ranging around 100°; flesh and strength fairly good, glands of groin swollen and quite painful; glands of axilla painful.

Gave antiphthisin for two months; highest dose reached $\frac{3}{100}$ cubic centimeter; temperature reduced to normal; strength very much improved; glands reduced to normal size—entire absence of pain.

Discharged, not cured, but much improved, feeling that climate would do the rest.

CASE IX.—Miss L., aged forty-two; mother and two sisters died with consumption. After four months' exhibition of the indicated homeopathic remedy, temperature still persisted in running above the 100° mark; strength gradually failing, cough increasing, and very much discouraged. History of lung trouble for four years.

On April 13 commenced giving antiphthisin, $\frac{5}{100}$ cubic centimeter, per rectum, daily; temperature gradually coming down. Gave treatment last on May 31, $\frac{1}{100}$ cubic centimeter; cough decreased one-half; expectoration easy and freer; gained five or six pounds in weight and declares she feels better than she has for three years.

Suspended treatment for six weeks to permit her to visit Hot Springs and myself to attend the Institute, after which antiphthisin will again be resumed.

You will observe in all of these cases that antiphthisin promptly reduced temperature, even in those patients who had but a few days to live. Temperatures were brought down approximately to normal, and with slight variations were so maintained almost to the time of dissolution.

After over a year's use of antiphthisin, in some fifteen cases, as the cases cited will prove, I have demonstrated that antiphthisin will control fever, will reduce and maintain the temperature to about normal in almost every case, thereby giving us a chance to exhibit the indicated remedy, and give it an opportunity to act.

It also stimulates glandular action, promotes absorption of glandular deposits, and increases

expectoration until deposits are thrown off, thus promoting resolution of lungs.

I am satisfied it promotes digestion and assimilation of food, indirectly if not directly.

Antiphthisin is not a cure-all, it will not cure every case of consumption; it is only indicated in active tubercular conditions. In encysted tuberculosis or in fibroid condition of the lungs I have never received as yet any benefit, but in active tubercular conditions, even in the third stage, where there is sufficient vitality, you can expect good results.

LAUROCERASUS.*

By D. MAC NISH, M. D., Assistant Physician to the London Homeopathic Hospital.

PULMONARY diseases play an important part in the practice of the general practitioner. Especially has this been the case since the appearance of epidemic influenza. The ordinary diseases of the lungs are easily and promptly combated by homeopathic remedies. But there occur cases where the ordinary remedies appear to and do fail. Such cases are of frequent occurrence, and in the treatment of these laurocerasus may be and often is of inestimable value. It is used successfully as an intercurrent remedy and also as a direct curative agent in certain lung diseases. In the general treatment of some cases a period frequently arrives when the remedies, though accurately and skillfully chosen, fail to produce any favorable effect on the disease. At this period laurocerasus acts most beneficially, and may well be labeled the "sulphur of the lung." It is a remedy too rarely used in our treatment. In the medical out-patient practice of the London Homeopathic Hospital there is ample opportunity to apply the remedy, and the following cases may be selected as showing the benefit to be derived from its use. Laurocerasus has been chiefly used when the lung is not only in a state of inertia—unresponsive to its remedies, but also when undergoing retrogressive changes, which, if unchecked, may, and often do, ultimately produce a fatal result. Out of numerous cases in which the remedy has been used I may select the following:

* *Monthly Homeopathic Review.*

I. January 2, 1896.—W. S., æt. twenty-three, male, reported himself at the London Homeopathic Hospital, suffering from cough for four months. His mother died from pleurisy—family history otherwise good. Patient has had no previous illness. His cough was most troublesome, especially at night—there was scarcely any phlegm—no history of hemoptysis; suffered from night sweats, but was not losing flesh. His digestion was good. On examination there was flattening at upper part of right lung; dullness extending from apex to third rib anteriorly—breathing tubular over this area; vocal fremitus and vocal resonance very much increased; there was slight impairment of the note posteriorly as far as spine of scapula. Left lung no abnormal changes detected. Heart normal as regards position and sounds. Hyoscyam. 3.

January 9, 1896.—Very little better; temp. 98.6°; phosph. 12.

January 16.—The same; cough still troublesome. Phosph. 12; bell. 3 p.r.n. for cough.

January 23.—No better. *Laurocerasus* 3x.

January 30.—Much better. Rep.

February 6.—Very much better; feels stronger and much better in himself. Cough no longer gives any trouble.

II. July 22, 1896.—J. H., æt. fifty-four, male, complained of spitting blood; duration fifteen years. Previous illnesses: pleurisy fifteen years ago, pulmonary congestion, erysipelas. No history of phthisis in family. His cough was incessant, unaccompanied by pain, phlegm white and blood streaked; sometimes he coughed up a tablespoonful and once a half-a-pint of blood. Patient is losing flesh. Appetite poor. No digestive troubles. Patient is pale, emaciated. On examination: Heart dullness normal; no bruit. Lungs: right, dullness at apex as far as second rib anteriorly; vocal fremitus and vocal resonance very much increased; breathing over this area tubular with occasional crepitation. Left lung—slight impairment of note at apex; an occasional crepitation heard. Urinary system, nothing abnormal. *Laurocerasus* 3x.

August 12.—The same. Rep.

August 26.—Better. Cough troublesome at night. Rep. *laurocerasus* 3x, and bell. 3 p.r.n. for cough.

September 10.—Better. Rep. phosph. 3.

October 14.—No better. Dr. Lambert, who saw patient, prescribed *acalypha indica* 3. Patient has lost nine pounds in three months.

October 21.—Much worse; has coughed up teacupful of blood; right cervical gland large and showing signs of suppuration. Silic. 3.

November 4.—Better. Cough troublesome. Phosph. 2.

December 9.—Hemoptysis one week ago. Elaps. 3x.

February 10, 1897.—Cough most troublesome. Still coughing up bloody sputum. On examination, evidence of cavity at right apex. Crepitations abundant at left apex. *Laurocerasus* 3x.

March 10.—Feels stronger. Has gained three pounds within the past three months. Cough not so troublesome. Rep.

March 24.—Scarcely any blood coughed up. *Guaiacum* 3x. Patient is still in attendance.

III. February 29, 1897.—J. W., æt. twenty-three, female, complains of pain in chest and cough of four years' duration. Previous illnesses: Measles, scarlatina, and pertussis. Menses one month ago; fair amount, lasting four days; periods irregular and accompanied by severe pain in back and leucorrhea copious. Cough troublesome, accompanied by sharp pain, generally over the chest. Phlegm copious, yellow, containing clots of blood. Cough is always worse at night. Patient is losing flesh, and suffers from profuse night sweats. On examination temp. 100°; fine râles, moist, heard generally over the chest and fine crepitations at apices. On percussion, note impaired at apices; vocal fremitus and resonance normal. Arsenic 3. *ipecac.* 3, alternately 2 h.

February 27.—Much worse. Coughing up clots of blood all day. Phosph. 12; bell. 3 p.r.n. Temp. 100°.

March 6.—No better. *Laurocerasus* 3x.

March 13.—Feels much better. No blood coughed up for one week. Rep.

March 20.—Cough and pain worse. Rep. ant. tart. 6x.

March 27.—No better. Rep. *laurocerasus* 3x.

April 3.—Very much better. Rep. Temp. 98.6°.

April 17.—Much better. Cough very much improved; feels stronger, and much better

generally. On examination localized patches of crepitation at inner border of lungs anteriorly and apices. Rep.

Patient is still in attendance.

The three cases selected are all of a serious nature, the local examinations showing grave lesions of the lungs. It is as yet impossible to foretell the result as regards the fate of the lungs in each case, but so far the general health of the patients has improved, and the lung disease has made comparatively little progress.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 273.)

DISTENTION. (dilatation). 1. *abrot., acon., agar., alo., ars., calc., carb-v., cocc., coloc., graph., hep., k-carb., lyc., mag-c., merc., sulph., tereb.* 2. *ac-ac., ambr., ant-c., arg-m., arg-n., arn., asaf., bapt., baryt., bryo., canth., carb-a., cast., caust., chel., chin., colch., coni., croc., crot-t., ferr., hyper., ign., jatr., k-bich., k-jod., kreos., lach., lil-t., meny., merc-c., mosch., nat-c., nat-m., nux-m., opi, petr., phos., phos-ac., plumb., psor., puls., raph., rheu., rhus., sec., sep., sil., spig., spong., stram., stron., thuj., valer., verat., zinc.* (v. corpulency.)

Pr. **breakfast:** *aga-m., nat-m.*
dinner: *alum., carb-v., calc., euphr., grat., lyc., mag-c., mag-m., phos., sep., sulph., thuj.*
drinking: *ambr., ars., hep., nux-v., petr.*
eating: *ambr., ars., borax, bryo., calc., caps., carb-v., cham., chin., ign., lyc., mag-c., mur-ac., nat-m., phos., raph., rhus., sep., tereb., thuj., zinc.*—***immediately after:** *carb-v., thuj.*—***the least food:** *carb-v., lyc., raph.*—***herring:** *nat-m.*—***to satiety:** *lyc.*—***the soup:** *sep.*
stool: *ars., asaf., carb-v., hep., nat-m., sulph.*
supper: *alum., arg-n., borax., chin., ol-an.*

Q1 **alternating** with decrease of size : ast-r.

circumscribed.—***epigastrium:** *acon., alo., apoc-c., arg-m., aur., hell., mez., nat-m., paris., rhodo., sep., sulph., stram., tart-e.*; **tense:** *acon., puls.,* after **eating:** *coni., dig.*; < after **dinner:** *apoc-c.*; > emission of **flatus:** *coloc.*—***hypogastrium:** *arn., bell., chin., k-carb., podo., thuj.*; after **supper:** *arn.*; as if **hernia** would protrude : *tereb.*; as if **uterus** was filled with wind : *phos-ac.*; at **night,** > by relaxation of bowels in the morning : *hyper.*—***hypochondria:** *bell., cham., ign.*—***inguina:** *am-m., nat-s.*—***navel:** *caps., coloc., gran., laur., nux-v., opi.*—***above navel, by gas:** *phos.*; **pressive:** *grat.*—***below navel:** *cham.*; **painful:** *k-jod., laur.*; > by emission of **flatus:** *nat-m.*—***rib-region:** *nux-v.*; **L. S.:** *rhus.*—***sides:** *arn., bell., bov., calc., caust., nat-m., zinc.*—***R. S:** *card-m., chin., phos.*—***L. S:** of **colon,** < after **eating:** *aloe.*—***transverse colon:** *plumb.*—***in spots:** *mag-m., tilia.*

cramplike, in several places, like blisters : *plat.*

diffused.—***from lower abd. to chest,** causing dyspnœa, < by **eating:** *nat-hyp.*—***into left groin:** *caust., spig.*—***to R. S., below ribs:** *gins.*—***into throat,** afternoon, till evening : *mag-m.*

dropsical: *agn-c., apis., apoc., ars., asaf., asclep., bryo., cepa., chima., chin., colch., dig., dulc., euphor., eup-p., hell., iris., jod., kalm., lyc., merc., prun-s., puls., senec., sep., squil., sulph.* (v. **Ascites**).

enormous, after meals : *nux-m.*

flatulent: *aloe., ant-t., ars., bapt., bell., calc., canth., carb-v., cast., chin., coloc., gamb., graph., hyos., ign., lyc., merc., nit-ac., nux-m., nux-v., opi., phos., puls., raph., sep., sil., stram., sulph., tereb.* (v. **Meteorism**).

frequent: *sulph.*

great: *abrot., asaf., carb-a., carb-v.,*

cocc., graph.—*after eating: chin., colch., lyc., *nux-m.*

hysterical: ambr., *asaf.*, cast., coffea, *ign.*, mill., mosch., *nux-m.*, plat., raph., valer.

painful: *acon.*, ars., *asaf.*, baryt-c., bell., *canth.*, carb-v., cast., caust., cham., *coloc.*, dios., *hyos.*, gran., *lach.*, mer-c., nat-c., nat-m., *nux-v.*, opi., rhus, spig., sulph., *verat.*—*in **epigastrium**, and sensation as if the contents were passing into chest: cham.—***sudden**, followed by diarrhea: k-jod.

paroxysmal: plumb.

Md. eating: coni., dulc., graph.—***break-fast:** alum.

rising: sep.

stool: stram.

waking: ptel.

walking, in open air: calc.

Cn. anguish: *acon.*, ars., opi.

coldness of integuments: ambr., *calc.*, *verat.*—*of feet: lyc.

colic: aloe., bryo., *coloc.*, lyc., thuj.

constipation: mag-m., tereb.

desire to belch: chin.

diarrhea: euphr., sep.

dysmenorrhea: cocc.

enlarged liver: chel.

fever: sil.

flatus, profuse emission of: aloe., lyc., mag-m.: which >: carb-v.

hardness: baryt-c., *calc.*, cina., graph., opi., plumb., sil.

heat in abdomen: *acon.*, bell., *sil.*

leucorrhœa: graph.

menses: alum., carb-a., lyc., mag-c., nat-c., nit-ac.—*late: sulph.—*suppressed: rat.

pain: baryt-c., caust., cham., k-jod., merc.—*pinching: mosch.

rush of blood to head: graph.

tenderness: *canth.*, *caulo.*, cic.

tension: *coloc.*

Agg. eating: *colch.*, graph., *nat-c.*, petr., *sil.*, tarent.

evening: caust., sep., *sulph.*

midnight, after: phos.

sitting: crot-t.

LEAVES FROM AN OLD NOTEBOOK.

J. B., forty-five years old, nervous, sanguine temperament; occupation, manufacturer; had for years been a "moderate" and *regular* drinker. Business took him from home, and "the boys" treated him so generously that he returned in a condition only one degree removed from delirium tremens. I have treated many such cases, and more frequently with *nux* than with any other remedy—the morning vomiting, general tremors, and other nervo-muscular affections plainly indicating this drug—but on account of persistent insomnia I gave this patient *passiflora incarnata*—30 drops in water, morning, forenoon, and afternoon, and 60 drops at bedtime. No other remedy was used; this covered the whole case. Sleep returned at once, nervous symptoms vanished, gastric irritability passed away, appetite came back, and spirits brightened. After the third day medicine was continued morning and night (30 drops) for two weeks, when patient declared himself better than for years. Food was restricted to hot broths and meat extracts and hot milk, given every two hours for three days, and no solid food for a week. No cold water was allowed, but as much hot water as patient could take, and occasionally bits of ice were held in the mouth. I regard hot drinks as strictly homeopathic to the inflamed condition of the stomach, and they are always well borne. The patient did not receive a drop of liquor after he came under my care.

C. W., a tall, well-developed man, aged forty, of bilious-sanguine temperament; occupation, merchant. When about thirty-five he contracted intermittent fever while fishing in a swampy region in Ohio. The family physician—a man of age and prominence in the old school—gave him quinine and other "tonics," *ad lib.*, but the patient did not get well, and from that time forward was treated for divers and sundry "malarial" symptoms, which were varied by at least two attacks a year of simon-pure intermittent fever. After five years of this treatment the patient decided to try homeopathy. He was then about the color of an old opium-eater; much emaciated, walked feebly, had a constant constrictive headache, ringing in the ears, temporary loss of sight, loaded tongue, rebellious

stomach, and constipated bowel. The liver was somewhat enlarged and tender, and spleen more so; urine less than normal, and contained some bile.

Although I believed the patient was suffering more from drugging than from malaria,—cinchonism, chiefly,—I did not give him any of the antidotes to china. I gave china itself, first dilution, and got an aggravation of nearly all the symptoms. Regarding this as a good sign, I changed to the third dilution, and, later, to the sixth and thirtieth. The patient recovered. He had no other remedy.

All this was four years ago. I may add that this patient is now one of the handsomest and healthiest men to be found. All his organs except the spleen seem to be normal. The spleen is somewhat hypertrophied.

I may say more: During the five years preceding the application of homeopathy to his case the patient required so much attention that a dozen such patients would have kept his doctor busy and given him a generous income. During the two years ending July 1 he has paid me (for himself) eleven dollars! And this illustrates a fact I have often observed, namely, that a homeopathic physician requires a *clientèle* many times larger than would suffice for his allopathic competitor.

CHANGES IN MILK BY BOILING.

By DR. KERR.

THERE are reasons for supposing that when fresh milk is ingested the living cells are at once absorbed without any process of digestion, and enter the blood-stream and are utilized in building up the tissues. The casein of the milk is digested in the usual way of other albuminoids by the gastric juice, and absorbed as peptone. There is also absorption of serum albumin by osmosis.

The chemical result of boiling milk is to kill all the living cells and to coagulate all the albuminoid constituents. Milk after boiling is thicker than it was before. The physiological results are that all the constituents of the milk must be digested before it can be absorbed into the system; therefore there is a distinct loss of utility in the milk, because the living cells of

fresh milk do not enter into the circulation direct as living protoplasm, and build up the tissues direct, as they would do in fresh unboiled milk.

In practice it has been noticed that there is a very distinctly appreciable lowered vitality in infants which are fed on boiled milk. The process of absorption is more delayed, and the quantity of milk required is distinctly larger for the same amount of growth and nourishment of the child than is the case when fresh milk is used.

AT LAST!

NOW comes our own Alma Mater—The Homeopathic Medical College of Missouri (St. Louis)—with its announcement for the vintage of 1897-98 and no longer offends the eye with its former promises of gold medals, instruments, ribbons and the like for the best student in this or that specialty. Right! And in other ways this announcement is clean-cut, thoroughly medical, and unmistakeably the work of those favorite Professors Campbell, Schott, McElwee, the Parsons [not preachers!], and others of the newer generation, and long may she flourish!

SOME COLLEGE REQUIREMENTS.

WHY not adopt the following form for some of our sissy-boy medical colleges.

Form of certificate to be filled out and signed by an accepted physician.—Detach here.

PRECEPTOR'S CERTIFICATE.

To the Registrar of the Homeopathic Medical College of Chicago:

THIS IS TO CERTIFY, THAT..... years, of has been a student of the College since that..... possesses a good moral character, is a class-leader in..... Church and Sabbath School, an active member of the..... Y. M. C. A., and is, in my opinion, otherwise qualified for the study of Medicine.*

..... M. D.

Dated at.....

* None but active Christian Church Members received

Mild washes of *benzoic acid*, carried by water to the affected areas, often give decided relief in the itching consequent upon the *desquamation of the exanthemata*.

Book Reviews.

TRANSACTIONS OF THE INTERNATIONAL HOMEOPATHIC CONGRESS. Held in London, August, 1896. London: Printed by Adlard & Son, Bartholomew Close, E. C. 1896. [Price in America sixteen shillings.—EDITOR.]

The title page, as quoted, gives but little information beyond the bald fact of the name of the volume. Although it is silent upon some moot points it is eloquent, by reason of that very silence, of the admirable modesty with which the chiefest party to the gathering together and binding up of these Transactions does all his public work. We could mention a number of our tup-penny secretaries in various States of the Union, who, if given a like opportunity, would have blazoned their names in a conspicuous place on the title page, followed by every conceivable combination of initials and membership in colleges, hospital, societies, health boards, authorships, etc., etc., *ad nauseam*. In fact, some of the American contributors to this volume of Transactions make the average American smile because of the lavish hand which they have garnished and garlanded their titles, as if that would elevate them, in the eyes of the foreign brethren, above their less favored and possibly more democratic brethren at home. And, *per contra*, it pleases this editor to note that the members of the congress who came from countries where titles are a part of the political economy,—and who are doubtlessly entitled to wear them,—that these eminent men chose to rest their claims upon their medical merit rather than upon the LL. D's. and A. M.'s and A. S. S.'s., etc.

Without the careful and selective aid of the general secretary, Richard Hughes, this congress might have met, might have proved a success, and might have been garnered up in this volume of Transactions: but to us, and to some others, also, who have been studying English homeopathy and its representatives, it is a question whether England can produce many such well-informed men and professional gentlemen—especially as it relates to homeopathy—as Richard Hughes. His name should have gone on the title page, for really, all hero-worship aside, it was in great part his master-hand which made this congress the success it ultimately and happily proved. The arrangement of the book bespeaks the editorial trend of thought and action, in that it is, in the main, judiciously condensed in order that it may be kept within a reasonable and readable compass. It is printed on strong paper, excellent for annotations and future use. One of the noteworthy facts is that

so small a society, a society so loosely held together as is the International Homeopathic Congress, with so very little of the red-tapism of formal organization, has been able to prepare so large a volume; for compilation and printing, and binding and publishing, cost money. So we congratulate our English brethren upon the appearance of this volume.

Some trouble has been occasioned in the matter of "pagination"—meaning thereby the consecutive paging of the volume, three series of numbering being used. But the general secretary explains that this was rendered necessary because the papers were put into type for the Congress, and that the paging could not be changed in order to insert the same papers into a volume form. This would not be a very good excuse in America. We have given this subject no little thought, since the ever-increasing size of our American Institute Transactions is become a menace to the future treasury, as is also its size for the book-shelf. In America it is no hardship to the printing office to keep "matter" standing a week or ten days for a "little consideration"; or the forms might be put into a stereotype-form without paging; then when the book is to be put together, no changes having been made in the papers already presented to the Congress, and already set in type, paging might be added and the whole put in form.

The papers contributed to the Congress, and some of which are now for the first time presented to the profession, are in the main excellent and and worthy the Congress from which they emanate. They breathe a healthy and progressive homeopathy. The statistical portion, having chief reference to the progress of our system of medicine the world over, is interesting reading because it gives a pleasant refrain to that doleful wail of Gould of Philadelphia that "Homeopathy is dying out." As to the matter contained in these papers little need be said; many of them have been reprinted either in this country or in England, so that the homeopathic physician is familiar with them. The excellent paper by Léon Brasol on the Life of Hahnemann is worthy of a first place in the regard of every Hahnemannian. The paper by our compatriot and visitor, Dr. A. B. Norton, is another good one and was much appreciated. Drs. Gallivardin, Léon Simon, François Cartier, Clarke, Cooper, Hughes, Wood, Kranz-Busch (an ex-St. Louisian) Dyce Brown, and a number of others contributed fine and scholarly papers. It seems to us that the Life of Hahnemann by Brasol would have been an excellent subject for a private meeting of the Congress. It is a wonderfully clear and instructive document. We are glad to remember that this enthusiastic Hahnemannian is of the

Hahnemann Tomb committee, and, therefore, much may be expected by the time the Sixth International Congress meets in 1900.

As to the reporting. In our country, stenographers are not permitted to "block" a report or a speech; meaning by that, casting a speaker's remarks into the third person as appears to have been the vogue throughout most of the minutes. Stenography in America means writing in the first person; and the third person or "block"-work is resorted to only when a speech becomes over-long, or space presses, or the secretary or the editor himself takes the liberty of the condensation. The reports of the discussions as they appear in this volume are similar to those made by long-hand secretaries in our societies. They are well done, and carry the gist of the discussion with fairness and tolerable correctness. Of course under these circumstances we fail to find that retort courteous, where one member corrects another by telling him that homeopathic medicines can be had in a certain country but must be looked for in shops where they sell "women's close-es!"

We have one adverse criticism to make—since criticism still carries a double meaning in England—about the shorthand part of the work: namely, that in some part of the minutes undue attention is given to insignificant detail and verbiage, as note the Minutes of the Meetings beginning at page 184 and continuing to the close of the session. Here there would have been an excellent opportunity for that condensation of material which the stenographers practiced in the speeches throughout the preceding pages; many whole lines are printed, and in the first person, which could have easily been left out without marring the text or the sense. For instance:

"Dr. Wesselhoeft.—May I ask, has this Congress been always strictly quinquennial?"

"Dr. Hughes.—Yes.

"Dr. Wesselhoeft.—Was there not one time in which the years were changed?"

"Dr. Hughes.—No.

"Dr. McClelland.—I would be glad of an excuse to get on to even figures so as to begin the century.

"Dr. Hughes.—The century does not begin until 1901.

"Dr. McClelland.—That is a subject for discussion. (Laughter). I think this congress might discuss that matter until 1901 and not decide it;" etc., etc.

In the first place this last session was held the morning after the Friday night banquet, and judging from the ballot taken "in a hat" (a very important thing to report and print verbatim) there were but twenty persons in attendance, and

each of these twenty persons, excepting only a few, had something "important" to say.

And right here we would suggest to the General Secretary, that when the congress meets next in England, or elsewhere where many Americans will attend, it were wise for him to associate with him a well-informed American physician, to guide and guard him in his reports of the congress discussion. Such an official would save the General Secretary from making the mistake of cutting out the eloquence of his English brethren and leaving in, with painful minuteness, every little remark of the garrulous American, who is possibly not noted at home for aught else but his silver tongue, unless it be his golden pocket.

One other "criticism" is upon the word "cheers," which appears all through the discussions and speeches. We look in vain for our more familiar "applause." In America "cheers" mean the vocal demonstration of an excited audience, while "applause" means a noisy token of appreciation manifested by clapping of hands, banging of tables, or stamping of feet. Perhaps "cheers" in England means all these things. But when an American finds some pleasant but not over-exciting nor exuberant statement succeeded by "cheers," he is moved to wonder that it takes so little enthusiasm to make an Englishman get up, stand on the chair or table swinging his arms or hat and "cheer!"

We are pleased to see the Transactions give answer to our oft-repeated wonderment as to how this Congress selects its places of meeting and officials. One of the last things done by the Twenty was to discuss this question; formulating more precise rules, and explaining in that formative discussion the conditions under which the congresses met. From this we learn, at p. 191, that the decedent congress elects its next place of meeting and does most of the business appertaining to that meeting, but permits the country selected to appoint its own officials, barring the office of General Secretary. So that, perhaps, when the French brethren come to fill the offices of the Sixth International Homeopathic Congress they will not—but no, we will withstand the temptation to speak of that. We burnt our lily-white hands in the English Congress, with that same promethean fire.

In conclusion, and perhaps altogether foreign to the subject in hand, we desire to ask why was not that B. H. S. banquet reported? Fancy a society event of the importance of this one, taking place in America; and the next morning's paper not filled with columns of notices of the speeches plentifully interspersed with pictures of the principal speakers! And more especially if that social event included the gathering together of the eminent people of a learned profession

come up to this place from all part of the civilized world. That Hotel Cecil banquet was one of the notable things of the congress, though not connected with the congress as a congress. It should not have been lost, nor relegated to the memories of the handful of homeopaths—distinguished, as many of them were—who happened to be seated about that hospitable mahogany. The metropolitan press could well afford to give an International society a column or more of reports. And if they could not, the congress itself should not have let it be lost to the remaining physicians.

Globules.

Dr. Martin Deschere of New York is spending his vacation in the Adirondacks.

Dr. James A. Campbell of St. Louis is taking his outing in Monterey, Cal. Began his vacation at Coronado, and at San Diego.

Jones.—How is old man Warner? Is he out of danger yet?

DR. BOWLESS.—I don't know. He died this morning.

The treatment of nervous diseases by suggestion has been the special study of Dr. C. O. Sahler, Kingston, N. Y. Particulars concerning the practical application of suggestive therapeutics are furnished to physicians on application.

In Cleveland there was a little change rung on that "the operation was brilliant and successful, but the patient died," by a physician, or a corps of them perhaps, who had completely eliminated an obstinate and mysterious disease in a young lady of twenty. But the patient died.

Dr. W. E. Neiberger of Bloomington, Ill., sends us the proper literature giving notice of the forming of the Central Illinois Homeopathic Association with Dr. Joseph Hallett of Bloomington, president, and our good friend Neiberger, secretary. The second session will be held in Bloomington, Tuesday, September 14, beginning at two o'clock. Our best wishes!

Dime Museum Lecturer (rushing into manager's office): Send for a doctor! The injy rubber man is back from his three days' jag and has got the jams! He is seein' a whole platform full of wrigglin', squirmen', hiss'n' things! Send for a doctor!

MANAGER.—Doctor nothin'! Call in the snake charmer.

We have seen a copy of a letter from Dr. William F. Curryer, Secretary of the Indiana State Board of Medical Registration and Exami-

nation, declaring that Dunham Medical College "is in good standing with and fully recognized by this Board, all reports to the contrary notwithstanding." Everybody take due notice and govern themselves accordingly.

Sweating Feet.—Wash once or twice daily with a two per cent. solution of formalin. Especial attention should be paid to the plantar surface and to the interdigital spaces. The fetid odor usually disappears after a few days. It is well to rinse the stockings and shoes also with the same solution, particularly the inner side of the sole of latter, which should afterwards be wiped dry.—*Frey.*

The *Medical Record* expresses its admiration (!) for the editor of the *Journal of the American Medical Association* as follows: "Address on State Medicine before the American Medical Association.—Dr. J. B. Hamilton, of Elgin, Ill. (!) delivered an address on the prevention of tuberculosis at the closing session."—*Cleveland Journal of Med.*

Was tuberculosis so prevalent at the closing session as to require a special address?

In a clinical lecture on "Primary Malignant Tumors of the Clitoris," delivered at the Tremont Dispensary, Dr. C. G. Cumston, Instructor in Clinical Gynecology, Tufts College, said: "Inoperable cases will call for medical treatment. You must keep the parts as clean as possible with a one per cent. solution of creolin, eucorline, or lysol, and dust the surface with iodoform, or what is better, I think, with euprophen."

I know of two good openings for homeopathic physicians. One is four miles from here in a good mill (steel works) town. No homeopathist there, but six or eight regulars. The other place has four regulars and two more in a town across the river. The homeopathist formerly of this town died last month. He had a good practice and no one has taken his place. I will give all the information desired. If a *Presbyterian*, a homeopath would do *very* well at the latter place.—E. P. Cuthbert, M. D., Homestead, Pa.

—The *Journal of Hygiene* says that Celsus, who was a Roman physician in the third century, is credited with this: "As soon as a man finds himself spitting and hacking on rising in the morning he should immediately take possession of a cow and go high up into the mountains and live on the fruit of that cow. Although he knew nothing of the cause of phthisic, he had observed that good living, out-of-door life, lots of sunshine and an abundance of milk and cream were absolute essentials."

If Celsus should come to Chicago—or any

other great homeopathic college center—to-day, fancy how painfully ignorant he would vote himself. No microbes, no bacilli, no injections, no traveling hither and yon, to Texas, to New Mexico, to Colorado, in the desperate hope to change the color of the hair or to add one cubit to the stature; nothing but just get a cow and live on her up in the mountain. Ah! Celsus, Celsus! you had better not come back just now!

So many of our good members of the profession speak lovingly and sweetly of the *physician*! What's the matter with just plain, everyday *doctor*?

Dr. Byron C. Axtel of Louisville was fined fifty dollars in the Police Court for practicing medicine without a license. Dr. Axtel is an "Osteopath."

Physicians can obtain free samples of that most valuable food, Imperial Granum, charges prepaid, on application to John Carle & Sons, Water Street, New York City.

A man writing from Dawson City, near the Klondike gold diggings, says: "Beer is fifty cents per drink. I have quit drinking." This is an impressive example of the efficacy of the gold cure.

A recent writer advises that castor oil be heated and thoroughly applied to the abdomen of a child suffering from constipation. Often this will move the bowels as effectually as when the oil is given by the mouth.

An amusing typographical error is that in the July *Microscope*, where an offer is made to send the journal free to any member of the American Microscopical Society who *regrets* it—possibly "requests" would sound better.

All Three.—Professor Wortmann, a German investigator, has found living bacteria in wine which has been bottled from twenty-five to thirty years, and the microscope has revealed the danger of osculation. Now, if somebody would only discover a musical microbe, the ban of science will have been put upon Wein, Weib und Gesang—all three.

Who was it "slumped" on the Bailey presidential question the night before the election at Buffalo? How many of the smell-feast friends of Bailey, who had given their names to Clokey as stanch for Bailey, went back on their pledges? Was there any renegade even among those who, in writing, indorsed and presented Bailey as a candidate? Don't all speak at once; but there was some Benedict-Isariot work done at Buffalo.

Lady Visitor (at office of eminent physician)
—I have called, doctor, to ask if there is any

cure for sleep walking. I have had the habit for years, and lately it has become worse.

Dr. Highprice—It can be cured, madam. Take this prescription and have it filled at Cold, Steele & Co.'s.

Lady Visitor—Cold, Steele & Co.'s? Why, that is not a drug store. It is a hardware firm.

Dr. Highprice—Yes, Madam. The prescription calls for a paper of tacks. Dose, two tablespoonfuls scattered about the floor before retiring.

There is very apparent in the Institute, among the better class of surgical specialists, a tendency to greater conservatism; there is more said about the danger of too many operations and the need of more counsel and study before resorting to the knife. Perhaps ere long we may yet dare call in a surgical specialist who, if the patient be a suffering woman, will not promptly find an ovarian cyst, or, if a man, that he has operable appendicitis. What has suddenly come over our race that young girls, unmarried, and otherwise in apparent health yesterday, are, as it were, to-day trundled to the nearest hospital, and on the morrow have one or both ovaries ripped out? Fancy what a protest would fill the welkin and adnexa if every man with a gonorrheic taint were sent to the modern aceldama and had one or both testes ripped out!

We have before us an extremely interesting pamphlet covering many points of interest in relation to the antitoxine treatment of diphtheria. It is arranged in terse questions and answers. The questions are those one frequently hears asked by physicians who have not had the opportunity to study details in the great volume of literature now available upon the subject. They embrace nearly every conceivable phase of the antitoxine treatment and the nature and production of the remedy. The answers are brief but comprehensive. Leading authorities are quoted. The entire pamphlet shows a thorough study both of the subject in hand and the questions which naturally arise. It will be found valuable to all physicians since doubtlessly it will throw light on some subjects heretofore knotty. It was prepared by W. K. Mulford Co., Philadelphia, and will be sent free, upon mention of this journal.

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NEW YORK, OCTOBER 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



EDWARD F. BRADY, M. D.,

*General Secretary of the Missouri Institute of Homeopathy,
St. Louis, Mo.*

DUNHAM COLLEGE.

DUNHAM MEDICAL COLLEGE, which has *withdrawn* from the American Institute of Homeopathy, is out with its annual circular soliciting professional patronage, same as any of the American Institute colleges. Inclosed in this annual circular is An Open Letter to the profession quoting the charges preferred by the special committee of the intercollegiate committee against Dunham, and the answers of the college thereto. We have thus far heard none

but the college version of the story; still, upon reading the charges and findings of the intercollegiate committee, and noting in especial the dominance of the surgical element in that sub-committee, we are disposed to extend the right hand of fellowship to Dunham and bid it prosper and God speed!

^{**}
[F it should ever lie in the jurisdiction of the American Institute of Homeopathy, to define what is and what is not homeopathy then there would soon be a very small membership left in the Institute, not alone as to colleges but of individuals. Under the ruling of the Institute in times past, and as may be found among the Institute's requirements for becoming a member of that Institute, neither this nor any other committee of the Institute has any business whatsoever to construe the special meaning of the word "Homeopathy" (spelled either in the modern or the Gatchell way). It might be rather interesting reading if that special committee would publish its definition of homeopathy.]

^{**}
[T is a little ridiculous that the students who elect, or whose preceptors elect, for them, to learn the peculiar kind of homeopathy which Dunham offers, and which has offended the intercollegiate committee, should be sinistered because some of the Dunham professors do not belong to the American Institute of Homeopathy, and apparently do not care one red copper cent for such affiliation. Under that same grievous charge it would be an easy matter to read several of the present American Institute colleges out of the church, notably, too, one with which one member of the special committee is prominently connected. What a bit of "baby" business it was to make *that* one of the charges for refusing Dunham admission to the Institute!

Then there is that still more heinous offense of having in its faculty one or more members who are notorious fad-riders! What an accusation this to write over the head of a new and struggling college! By all means cast out into the outer darkness every college which harbors in its faculty any man or woman who is addicted

to fads! And then the present intercollegiate committee would quickly be without a quorum! Is Dunham the only reprobate in this affair? Ah, gentleman of the committee, have a care how you throw stones! Gentlemen who let no day pass over their heads without embodying the latest fad into their teaching and practice, from the Bergeron astute appliance and Brown-Sequard's Rejuvenator up to and including all the modern refinements of bugteriology, should be careful how they talk of fads and cranks. If the lion were sometimes allowed to tell the hunter's story! If Dunham should enter the lists caparisoned as for war determined to show up the several colleges containing fad-riding professors it would not have to go many cable-tow's length from Chicago, Cleveland, or Cincinnati for victims.

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WE are not moved to uphold Dunham in its retort savage to the allegation that it permitted the graduating of doctors who had not paid for their tuition. (As a matter of fact Dunham answers that it DID receive a proper equivalent from each of its students.) Dunham assumes that it is her business to attend to her business, and nobody else's business how she attends to her private business, so long as she complies with the law. But suppose that Dunham did this very wrong thing, why make ducks of one and drakes of the other? There are to-day, and in good membership, in that same intercollegiate committee, colleges who have done this painfully improper thing times and times out of number, and not *always* because of the honorable poverty of the student. If that special (homeopathy-interpreting, non-fad-riding) committee wants to make a big and a startling report let it turn the X-rays upon its own colleges and explain somewhat at length why it is wrong for Dunham to take notes or other evidences of security for its tuition, but right for the other colleges, who are now happily in the fold, to do the same thing. Does that committee pretend not to know that notes have been taken for tuition which are not now, and in all human probability never will be, worth the ink with which the signatures were written? Yes, indeed, possession is nine points in the law.

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WE do not know anything personally of the condition of Dunham, nor for that matter of any other college in the United States. But we do know that Dunham College has a legal existence; that it has a building all to itself; that it has all the Cook County hospital facilities of any other of the Chicago colleges; that notwithstanding persistent and most malicious misrepresentation by other colleges in Chicago and elsewhere it has a legal standing in its own State

as well as in Indiana, and in other States for aught we know. We know that it has several men in its teaching corps against whom not one whisper of suspicion has ever been directed; they are honorable men, popular physicians, taxpaying citizens, and as skillful in teaching and operating as any with whom we are acquainted in the American Institute of Homeopathy, or elsewhere. We absolutely know that these several men would not for one instant permit the use of their names and influence in connection with any venture that is in the least dubious. And that is the same way in which we and our readers know any other college—by the men and ONE woman who compose the faculty.

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IT will be well to remember that while the special committee which found so many grave (?) accusations against Dunham is a part of the American Institute of Homeopathy, it is not the whole Institute, and that the whole Institute does not countenance such petty oppression as appears in evidence in this the latest report from the intercollegiate committee. If that special committee had not already expired we should feel tempted to ask that it be made a permanent committee and that one of its first duties be to investigate into and report upon the *actual* matriculation requirements of the several colleges now in the Happy Valley of Rasselas. This does not mean wordy quotations from the Annual Announcements—for these, being the literary product of the wyemsea editor, always read like gospel truth; but we mean the *actual* requirements both for matriculating and graduating which obtain in their own colleges. Until we hear the evidence offered to the committee and upon which the surgical committee has condemned this homeopathic college we shall believe that the usual order of things has obtained, to wit, that the Chicago college quarrel has been transferred to the forum of the American Institute, and that this latter body has now been made to wash the Chicago dirty linen as and for its own.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Kali Manganicum.—Dr. Oscoe^{5,36} presented for inspection before the New York Academy of Pathological Science "a six-year-old boy. The history of the case was given as that of a general tubercular condition affecting particularly the cerebro-spinal membranes, and later the apex of

the right lung. Finally the whole upper lobe was involved, and the doctor detected the presence of a cavity the size of a lemon. Permanganate of potash was prescribed, at first in doses of $\frac{1}{2}$ gr.; but, this causing vomiting, it was reduced to $\frac{1}{8}$ gr. When this treatment was instituted, the child was very weak, extremely emaciated, and indeed regarded as being in an absolute dying condition. Under the kali permang. he began to improve, and is now practically well. There are no mucous râles. The remedy was continued twice a day for fully six months."

Tellurium IN CEREBRAL CONCUSSION.—Dr. J. T. Kent¹² reported the case of a boy of four who slid down the banisters and struck his head on a tiled floor. "I was absent when sent for and a surgeon living near me was called in in haste and remained in attendance, as they did not like to stop him, so that I did not see the case for two or three days. Immediately after the fall the child became unconscious and remained so. A clear white watery discharge started from the ear, and this, the surgeon said, was cerebro-spinal fluid which was pouring from a fracture in the base of the skull that lead to the ear; that was his opinion. The child remained unconscious and the surgeon gave no hope of recovery, saying that the child would surely die. Finally I was sent for and found the child very pale, unconscious, with stertorous breathing, and that discharge was flowing, drip-dripping like clear water from the ear on to the pillow, and the water that was flowing out of the ear (I do not say where it came from) was forming little vesicles. It seemed to be acrid enough to form vesicles. The ear was red, and wherever the discharge came in contact with the skin the part became red. That was all there was about it. I could not see any more. My first thought was to give arnica. But I did not. I gave him one dose of tellurium. In two hours the child vomited. That discharge gradually ceased, recovery took place, and in two weeks the child was perfectly well. What did the tellurium have to do with it? There was a discharge from an injury. Tellurium without any injury produces just such a discharge as that, and we know that the tellurium discharge is not cerebro-spinal fluid, at least we have no reason to suppose it is. The first

action of the remedy I observed was the child's vomiting, showing reaction. It is laid down in all the books that after concussion if vomiting takes place it is considered a reaction and the case will probably recover."

Tabacum IN SEASICKNESS.—Dr. J. T. Kent¹² has had some most astonishing results from tabacum used for seasickness, based upon the close resemblance between that malady and the provings of the drug. One case of a business man who makes two or three transatlantic trips each year, with former constant and severe illness, has of late been infallibly relieved by one powder of tabacum 70 m. He can take his meals all the way over. Car sickness is also often relieved by tabacum. Other remedies often useful are petroleum and cocculus, but tabacum is a broad remedy that seems to cover most of the symptoms. Dr. Kent never uses the remedy lower than the 70 m.

Æsculus Hippocastanum FOR HEMORRHOIDS.—An item has been recently going the rounds of the old-school journals exploiting the "discovery" by Artault of the value of the fluid extract of æsculus hipp. in painful and hemorrhagic attacks of hemorrhoids. He has used it in twenty-one cases without failure, but in two caused a recurrence of the menstrual flow ten days after its cessation.

Amusing as it is to read of this as a "discovery" just being made known to the profession, it is still more entertaining to see the "discovery" cited as an example of the value of drugs introduced by empirical methods, as did one editor. He will be surprised to learn that for over fifty years that valuable remedy has been prescribed *scientifically* for hemorrhoids, its indications being based upon clear and repeatedly verified provings. Furthermore he and other followers of the empirical suggestions of Artault will soon give up the use of the drug in disgust, unless they learn and observe the indications which make its use scientific and limited to appropriate cases.

Poisoning by Trional.—A case is reported³⁷ in which a man suffering from morphinomania, and who was accustomed to employ morphine daily, received habitually 20 grains of trional every night during a period of two months; or, to speak more exactly, 21 drams in twenty-

six days. After one month the patient found it difficult to rise, and was in a condition of continuous hebetude. He could with difficulty support himself, and the movements of his upper and lower extremities were exceedingly ataxic. There was tremor of the tongue, the feet, the hands, and the muscles of the face. The walk was slow and labored. In attempting to speak the syllables were transposed, or in attempting to write they were so disordered as to make the spelling very incorrect. There was profound psychic depression and general intellectual feebleness, with involuntary passage of urine.

Sulphate of Sodium AS A HEMOSTATIC.—Reverdin,²⁷ in a paper read before the French Surgical Association, advocates the employment of the sulphate of sodium as a hemostatic. He has employed it a number of times successfully; it is used in small doses (10 centigrams—gr. $1\frac{1}{2}$) every hour, in dangerous capillary hemorrhage either of spontaneous or traumatic origin. As an example, after the removal of a subcutaneous benign tumor there followed a hemorrhage which resisted all treatment for eight weeks. The same was true of other cases of traumatic origin, and also in cases of menorrhagia.

This remedy was used by Kussmaul, and is apparently popular in the north of Germany in cases of hemophilia.

By experimental and clinical observation the author determined that this drug should be given by the mouth only, as it is ineffectual when used in subcutaneous injections.

Bufo rana 3 and 9 m. IN COUGH.—Dr. Hy von Musits.²⁸—A man, æt. twenty-six. Healthy appearance. Had been examined and prescribed for by several prominent practitioners of both schools, without relief. He came in a state of perfect despair. Pathogenetic symptoms: Very morose. Aversion to society. Sadness, full of apprehension. Anxious about his state of health. Afraid he will die or that some other misfortune will happen to him. Nervous, excessive irritability. Dry cough. Thick cough, especially on waking in the morning and at evening; congestion of the chest and after meals or any emotion. Deep hollow cough. Seems as if a great quantity of mucus obstructs the larynx and bronchi. Remarks: Bufo rana 6 three doses

per day, for one week. For the next two weeks the 9 m. three a week, complete cure.

Ferratin IN AMENORRHEA.—In a clinical report on the value of ferratin in anæmic conditions, Dr. C. Earle Williams²⁹ reports the following interesting case, typical of frequent occurrences in general practice: "T. P., age nineteen. Came under my treatment May 10, 1897. She had not menstruated for five months. Her complexion was chlorotic, with large dark rings around her eyes. There was dyspnœa and palpitation on the slightest exertion, constipation sometimes lasting seven days. Vicarious secretion was represented by frequent nose bleed. Blood count showed red cells 3,000,000, hemoglobin 52 per cent. She was placed on ferratin, gr. viij, four times daily, combined with perfect rest. June 15: great improvement in every way. Red cells 3,700,000 per ccm., hemoglobin 65 per cent. The dose was increased to gr. xij, four times a day, unintermittingly until August 1, resulting in complete recovery. All the distressing symptoms had left and menstruation returned.

Tartarus Stibiatus IN NOCTURNAL COUGH.—Dr. Goullon²¹ tells of a patient suffering from severe valvular heart disease and Basedow's disease, who had a night cough which she thus described:

"This is now the fourth night which I have spent so miserably. During the day it is endurable, but as soon as I go to bed the cough appears, a sort of convulsive cough, even when I sit high up in bed. The expectoration is frothy and copious; in its center is a firm, yellow, blood-streaked, salty nucleus, and it is torn off from the point beneath the chest where the cough starts, which point is painful. The expectoration is preceded by a rattling, slightly wheezing sound, then a long, painful drawing. Between this intervenes heat and chill; also stitches, especially in the back, between the shoulders, in the nape of the neck, and in the arms. This morning when I arose I felt really ill, and was as if intoxicated. There is also a total insomnia."

A powder of the 6x of tartar emetic was dissolved in water, and the first spoonful resulted in an entire night's sleep without a cough, in spite of a cold east wind.

Aconite IN FEVER FROM SUPPURATION.—Dr. P. Jousset^{9, 31} regards aconite, together with the sulphate of quinine, as the remedies for the treatment of septic fever. When the febrile movement is continuous during the paroxysm, administer aconite; while in the intervals, if the fever be intermittent, quinia sulphate is to be given. The anguish, agitation, prostration even to collapse, the mixture of heat and cold, the redness and heat of the face, at least at the beginning of the disease, the thirst, the elevated temperature, the frequent pulse, and the appearance of one cheek red and the other pale—of evil omen—indicate aconite. It is over fifty years since clinical experience has demonstrated that aconite was efficacious in puerperal fever, yet many times, when the febrile movement was intermittent, did one fail from not employing quinine during the paroxysms. Jousset regards Hughes as in error when he would reject aconite in septic fever.

The mother-tincture should be given in doses of 20 to 40 drops in 200 gms. of water, one teaspoonful every two hours.

Quinine,³⁸ POISONING BY.—A case has been reported of a woman, forty-seven years old, to whom the physician was called because it was thought she had fallen into a fit. He found her prostrated, unable to speak, and with a pallor of countenance like that of impending death. On inquiry it was learned that the patient had taken before breakfast about two teaspoonfuls of quinine dissolved in acid, after which she vomited. The hands and face were extremely pale and the pulse was quick and irregular—almost fluttering, small, thready, and feeble. The heart beats, though clear, were wanting in strength, and were of a dull, subdued, metallic character. Hearing was entirely lost and vision was greatly impaired. For about eight hours the woman remained speechless and quiescent, though not quite unconscious. At the end of this time she began to speak, while some color had returned to the cheeks and the action of the heart had become quieter and stronger. A sedative prescription insured a comfortable night, and on the following day the patient was much improved, although still deaf, especially in the right ear. The pupils were large and reacted sluggishly. Perfect recovery ensued in the

course of a few more days. In describing the onset of her symptoms the patient stated that she at first felt faint, then dizzy, and was next sick; tingling appeared in the fingers and all over the body, and finally unconsciousness developed without pain.

ARSENIATE OF STRYCHNINE AS A HEART TONIC.

By B. F. UNDERWOOD, M. D., Ridgefield, N. J.

ON the morning of August 21 I was called to see Mrs. C. M., who was said to be dangerously ill. On my arrival at the house I found the patient, over eighty years of age, greatly prostrated with a severe attack of diarrhea, and hopeless of recovery. In addition to the diarrhea, she suffered from weakened and irregular action of the heart of some years' standing. She had been under the treatment of several physicians in Brooklyn for the heart trouble and had finally been sent to Ridgefield, because, as her daughter expressed it "they could do nothing more for her." Examination showed extreme irregularity of the heart's action, there being not more than two or three or at the most five consecutive beats of a normal character, with intermissions and variations in force and volume of the pulse. On account of the character of the movements, the colicky pains, and the disturbance of the heart, presented arsenicum and colocynth. The evening showed no improvement, if anything the diarrhea was worse. The following day the condition was unchanged. For the arsenicum I substituted the arseniate of strychnine, $\frac{1}{8}$ grain every two hours, while continuing to treat the diarrhea symptomatically. On the morning of the 23d there was a distinct improvement in the action of the heart, both in force and regularity. The diarrhea continued but continually changed in character, so that at each visit the remedy was changed. The colicky pains yielded to belladonna, and the disease was finally cured by giving in succession, verat. alb., aloes, and pulsatilla as the symptoms seemed to indicate. On September 3 the case was dismissed, the patient being as well as she could expect at her years, the heart beating regularly without any intermissions and of uniform force. The point I

wish to make is this, the marked benefit obtained from the administration of the arseniate of strychnine, under very adverse circumstances, considering the long standing of the difficulty, the age of the patient, and the presence of an exhausting discharge. This brings up the question in the treatment of such conditions of the dominant and the variant treatment, but that is another story.

THE RARER USES OF SOME COMMON DRUGS.*

By THEOPHILUS ORD, M. D., London, Eng.

A STRIKING testimony to the accuracy and completeness of that foundation-truth in therapeutics which constitute our *raison d'être* as homeopaths, is seen in the light that modern pathology throws upon many of our well-known drug effects. Of these, until recently, we could only say that their action was in accordance with, though not explained by, the law of similars.

Some, however, of the drugs in common use appear to have properties which have been less often taken advantage of by those who practice homeopathically, and since some of these uses throw light upon recent pathological studies, I am glad to draw attention to them in the pages of the *Review*. Among these we may consider first the use of

Arnica in Venous Thromboses.—The painful thromboses which occur in the course of a vein after a phlebitis, are most generally treated by hamamelis or hazeline both internally and externally, and sometimes by pulsatilla or carduus marianus. Under these remedies progress is often slow and tedious, especially when, as often happens, the least movement or exposure precipitates a fresh attack and another thrombus is formed.

If now arnica be given internally, the blood clots are dispersed with surprising rapidity, and what is even more important, the tendency to relapse will be counteracted. Two recent cases will illustrate the action of arnica.

CASE I. Mrs. S., æt. twenty-five, was expecting in two months her first parturition. She had developed extremely varicose veins in both legs four months before; for these she wore

elastic stockings. After a longer walk than usual, phlebitis occurred in the left saphenous vein for some eight inches in the thigh. The patient was kept in bed, hazeline compresses applied, and the same drug given internally. The symptoms abated, but the hard clot remained, and every attempted movement threatened fresh inflammation. It seemed probable that the patient would have to lie up until her confinement. However, arnica 1x was tried internally, and in a few days the thrombus vanished, also all pain and swelling. Patient was soon up again, and led an active life, without any return of the trouble, until her full time. She has had two pregnancies since, and though the veins have enlarged again to a limited extent on each occasion, there has been no return of phlebitis.

CASE II. An elderly lady, after erysipelas, had severe inflammation of the veins of both legs, causing several thrombi to form, the largest of which occurred apparently in the external iliac vein, a tumor the size of an orange being felt deep in the right iliac region. During two months the pain and swelling continued, and every movement caused a fresh thrombus to form in some part of the leg or thigh. The usual remedies were tried, and also phosphorus, but with little effect. Finally, arnica 1x was given, when in a week's time the iliac swelling dispersed, and no fresh attack occurred, the patient being soon able to go out in a bath-chair.

Although the provings of arnica show no instance of the drug having produced thrombi, its action in this disease is none the less strictly homeopathic. For we have abundant evidence of its action on the veins, and the tendency it produces to extravasation of venous blood from the capillaries. The general disposition to hemorrhages and the formation of blood-clot clearly shown in the cases given in the "Cyclopædia of Drug Pathogenesis," probably depend upon its selective action on that internal coat of the veins which is continued in the capillaries. The condition of this inner coating, when thrombi are found during a phlebitis, is probably precisely similar, only greater in degree, to that produced in the provers of arnica, who exhibited a tendency to venous capillary hemorrhages. A blow,

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strain, or chill, too slight to do harm to a healthy person, would in anyone suffering from continued poisoning from arnica be extremely likely to cause phlebitis with formation of clots.

The effects of inflammation upon the inner coats of a vein are stagnation and clotting of the blood, while the walls of the venous capillaries, which are directly continuous and identical in structure with the inner lining of the larger blood vessels, become so weakened as to rupture and permit an extravasation into the tissues. This latter process is probably identical with that produced by poisoning with arnica. The same drug in small doses has the effect of neutralizing this tendency by restoring diminished vitality of the internal venous coats and causing absorption of the clotted or extravasated blood. So, too, in blood extravasated after an injury. Arnica accelerates the natural recuperative powers of the part, healing the ruptured capillaries and stimulating the formation of new capillaries in the injured area, by which the blood-clots are softened, broken down, and finally absorbed.

It seems probable that this property of arnica is the prime cause of its value in the effects of injury. For all strains and blows produce some dissolution of continuity in delicate tissues, with consequent rupture of capillaries. From this result the usual appearances of bruising and subcutaneous hemorrhage.

Two well-known and striking examples of this action of arnica in absorbing blood-clot will be found in its action on the uterus after parturition, and its beneficial effects immediately after cerebral hemorrhages. By tending to healing the ruptured vessel and removing the extravasated blood upon the brain, paralysis after apoplexy may thus be minimized or averted by the timely use of arnica.

Arnica in Chronic Bronchitis.—There is a peculiar and distressing symptom often met with in this disease, which it is perhaps not generally known may be promptly relieved by arnica. The subjects of chronic bronchitis, especially those whose arteries are degenerated, and when emphysema is present, on attempting to go out and walk a little after a winter's confinement, may experience a distressing pain in the chest. It is described as a "bruised weak aching,"

often called "great sensitiveness of the chest." It is not necessarily accompanied by an increase of cough or expectoration, and is situated over the sternum and the sterno-costal articulations. This pain may be partly muscular, but it is chiefly caused by stretching of the sterno-costal articulations by increased efforts at respiration. After months of slow and feeble breathing in a chair or bed, during which the chest walls have grown stiff from disuse, it is easy to understand the production of this symptom on attempts being made to get about on warm spring days.

It is possible that this pain may also be caused by reflex efforts of the muscular element in the bronchial tubes and bronchioles to expand then and so admit the extra air which the unwonted exercise demands. Whichever may be the true pathological or physiological explanation of the symptom, a few doses of arnica in the 3x dilution will promptly remove it, and enable these patients to enjoy the little walks which are so beneficial to their general health.

Mercurius Biniodatus in Asthma.—Some time ago a friend of many years' experience in the successful practice of homeopathy mentioned that he seldom failed to relieve or cut short a paroxysm of asthma by repeated small doses of merc. bin. 3x. This statement was the more surprising, as no obvious similarity between the effects of the drug and the disease occurred to one. However, in practice, I soon found that hint was of value, and in my hands it has repeatedly relieved, in various patients, severe attacks of spasmodic asthma, especially when taken early in the paroxysm. Also, by giving a rather larger dose (3 grains of the 2x trit.) at bed-time, the usual nightly attack in chronic sufferers may often be averted.

It would be difficult to ascribe this action of merc. bin. to pure homeopathy, and the explanation of its value remained a mystery until Haig's "Uric Acid in the Causation of Disease" gave a pathological reason which it is difficult to refute. This book, which marks the most practical advance in old-school therapeutics that has occurred for some years, and would be read by all homeopaths with interest and profit, provides a theory which explains the behavior of gout, rheumatism, and allied diseases in their protean manifestations. Dr. Haig's hypothesis

has the enormous advantage over the many useless theories that have been started with a similar object of working out correctly in practice, and hence is of real value and assistance by the bedside. And further, it bears out and to an extent explains the action of many drugs which our school have for years used successfully in these conditions. Lastly Haig's uric acid theory of gout, etc., is based upon a long series of careful experiments in diet and medication, performed not on animals but upon the healthy human organism. Now, according to this observer, the asthmatic paroxysm is due to Nature's attempt to rid the system of stores of uric acid that have been accumulating from food and elsewhere, for which purpose she periodically pours their overplus into the general circulation for elimination by the kidneys. The temporary presence of this poisonous amount of uric acid in the systemic circulation produces vasomotor paroxysm, with contraction of the arterial capillaries generally, but most marked in any organ which is constitutionally weak or overworked.* Hence, by contraction of the capillaries of the lungs in asthmatics, the attack is produced. In other constitutions a "uric acid storm" will exhibit itself in different ways—in brain workers by a severe headache, in others by bilious attacks, or influenzal catarrhs or even bronchitis and acute rheumatism.

It has been found that mercury and its salts, especially the iodides, tend to prevent this flow of uric acid from the liver, spleen, etc., into the circulation, and indeed render the blood unable to hold in solution a large quantity of uric acid and its salts. Chemically, mercury combines with urates to form an insoluble colloid substance which is inert, but it is doubtful whether this laboratory experiment represents correctly what occurs in the body. This fact, then, gives an explanation of the beneficial effect of merc. biniodatus in spasmodic asthma, since it clears the circulation of that poison which, by its contracting effect on the capillaries of the bronchioles, produces the distressing dyspnoea.

This action of mercury probably underlies the undoubtedly beneficial effects of a few grains of merc. dulcis (also of the old-school grain of

calomel) in biliousness as well as at the outset of many acute affections. The fact that a far smaller dose than our colleagues formerly believed in is now found sufficient for the purpose has not escaped the observation of Dr. Haig. In the book referred to, he mentions that the necessary dose is usually much less than could possibly act chemically by combining with the uric acid, and suggests a comparison between the remedy and the percussion cap that fires a gun, but does not supply motive power to the bullet. So Nature only requires a push in the right direction to effect a cure herself.

Strophanthus in Urticaria and Anæmia.—As a useful heart tonic in many forms of debility and dilatation, strophanthus has now taken a recognized place; but, in the absence of any thorough provings, homeopaths have not discovered many indications for its use in other conditions. Having by clinical experience found it of great value in the two affections, urticaria and anæmia, a few notes on the subject may be of value to my colleagues.

For several years past I have found strophanthus, in 5 drop doses of the 1x tincture, of more general value in urticaria than any other drug. Especially in the more chronic forms, when apis mel. and chloral hydrate 1x (my two previous favorites) have failed or only given temporary relief, strophanthus has usually promptly cured. When there is any accompanying cardiac weakness, especially with palpitation, this gives an additional indication for its use. I am now treating a lady who has had constant outbursts of urticarial rash dating from an exposure to an offensive effluvium from a dead whale cast upon the sands here six months ago. The attacks would also recur after drinking a glass of table beer. Since taking strophanthus for three weeks there has been no sign of rash.

Strophanthus seems to have some specific action in anæmia of young women. Again and again have I seen cases in which iron had been given in vain, though in carefully selected forms, immediately and rapidly improve when strophanthus was given in alternation or in addition to the iron preparation. Whenever palpitation and breathlessness are marked features in such cases, I always use strophanthus, and rarely without good results. Whether these effects

* That this is actually the result of a rush of uric acid into the blood has been proved experimentally.

are due to the tonic action of the drug on the flagging cardiac muscle, or to some direct action on blood formation, or on the nervous system, in the absence of good provings it is probably impossible to say. I have not obtained such results from digitalis.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 301.)

DISTENTION :

supper, after : sep.

Am. coffee : phos.

diarrhea : nat-c.

flatus, emission of : ant-t., bov., cepa., *k-jod.*, mag-c., nat-c., nat-m., ol-an., *sulph.*—*after rising : mur-ac.—*upward or downward : carb-v.—*in the afternoon : nat-c.

heat of bed covers : cast.—*of warm clothes : cast., *cham.*

leaning against something : ars.

loosening clothes : sep.

lying down : mur-ac.

night : mag-s.

stool : alum., asaf., nat-m.

walking : calad.

Cs. beer : nat-m.

mental exertion : hep.

milk : carb-v., coni.

worms : acon., bell., chin., cina., gran., lach., *merc.*

Tm. all day : plat.

morning : ars., asaf., chin., grat. nit-ac., *sulph.*—*fasting : dulc.—*on waking : mur-ac., nit-ac., plant., raph.—*at 5 A. M. : bov.—*at 6 A. M., on waking : corn-c.

forenoon : croc., *lil-t.*

noon : sulph.—*after midday nap : coni.

afternoon : calc-c., cast., caust., chin-s., coni., nat-c., osm., petr., sep., stann., *sulph.*—*after eating : bryo.—*from 4 P. M. : lyc.—from 6 P. M. : sulph.

evening : acon., *hyro.*, carb-v., caust., cham., crot-t., *hell.*, hyper., lyc., mag-c., mag-s., mur-ac., nat-c., nux-m., plat.,

stram., *sulph.*, zinc.—*while eating : ign.—*after eating : coni.—*after eating pickled fish : calad.—*after lying down : hyos.—*before sleep : melil., petr.—*before soft stool : *sulph.*

midnight : bov., phos.—*after : ambr.—till 2 P. M., R. S. : arn.

night : hæma., hyper., mag-c., merc-c., ptel., *sulph.*

Sb. diarrhea : chin-s., mag-s.

eructation : sep.

menses : kreos., lyc.

micturition : chin-s.

stool : arn.

DISTRESS (uneasiness). 1. *ant-t.*, *ars.*, *bapt.*, *croc.*, *cycl.*, *dios.*, *lept.*, *tabac.*, *verat.* 2. agar., asaf., aur., baryt-c., bism., carb-a., carb-v., chel., cist., coloc., crot-t., cupr., dulc., ferr., gran., graph., ham., hell., kalm., k-bich., k-carb., lil-t., mur-ac., nat-ars., nat-c., nat-m., nit-ac., olean., ox-ac., phos., plat., sep., sulph-ac., sum., vip., zinc. (v. Anguish.)

Pr. dinner : k-bich.

disease, grave : mur-ac.

drinking : croc.

eating : lach., par., rhod.

stool : colch., k-bich.

Ql. aching, with soreness : ptel.

burning : ptel.—*as from hot coals, with vomiting and purging : *verat.*—*like coals of fire, with restlessness and tossing : *ars.*

circumscribed.—***epigastrium** : aga-m., ant-t., aur., croc., polyp., rhus-r.; with griping and rumbling, followed by diarrhea : stil.—***epigastrium** and **right hypochondrium**, with drawing pains in fingers and ankles : ptel.—***hypogastrium** : bism., *cycl.*, lact-ac., olean.; with rumbling and black stools : lept.; sudden, with great desire for stool : polyp.; constant : nat-m.—***hypogastrium** and **umbilical region**, constant, with cutting, colic-like pains : dios.—*between **umbilicus** and **epigastrium**, constant, with sharp cutting pains. lept.—*above **umbilicus** : phos.—*below **umbilicus** : am-m., osm.—***umbilical region** : olean.; with dull pain : bapt.; with

feeling as if the small intestines were being tied in knots : polyp.—***hepatic region**, with **weight** and **aching** : ptel.

compelling to bend double, or to rise and walk about : ars.; to stretch and yawn : crot-t.

constant.—*in **lower abd.** : nat-m.

—*in **hypogastrium** and **umbilical region** with colic-like pains : dios.—

*between **umbilicus** and **epigastrium**, with sharp, cutting pains : lept.

—*about **umbilicus**, as if small intestines were being tied in knots : polyp.

extending.—*to **throat** : kalm.—

*to **head** : mang.—*to **anus** : lil-t.

movable : croc-s.

Sm. as from **something alive** : croc-s., cycl., thuj.

as if **abd.** were **sunken in** : sabad.

as if a **ball of thread** was moving and turning rapidly : sabad.

as from **eating too much** : nux-m.

as if **small intestines** were being **tied in knots** : polyp.

as before **menses** : murex.

as if **packed full** : chin.

Md. during **stool**: colch., coloc.; **forenoon**: ham.

Cn. **constipation** : ambr., k-carb.

distention : carb-v., chin., coloc., nux-m.

pains—***cutting** : dios., lept.—***dull** :

bapt.—***gripping**, in **epig.**: still.—*in

testicles : ham.

restlessness : ars.

rumbling and **gripping**: still.; and

black stool : lept.

soreness : ptel.

stool, black and **rumbling**: lept.

vertigo : spig.

Agg. **motion** : ost.

stooping, or **lifting leg** : sum.

vomiting : cup.-ac.

Am. **one stool**, A. M.: k-bich.

pressing abdomen against the corner of a table : coloc.

Cs. **colic** : coloc.

empty feeling : sep.; even after eating : stann.

feeling of something alive : croc-s., cycl., thuj.

flatulence : carb-v., chin., lyc., nux-m.

peritonitis : ars., lach.

worms : cina., sabad., stann.

Tm. **morning** : agar., dios.; 6 A. M.: ox-ac.

forenoon : bapt., ptel.; during **stool** : ham.

afternoon : agar.; 5 P. M.: pago.

evening : dir.; from 4 to 8 P. M.: lyc.

Sb. **diarrhea** : still.

(To be continued.)

CASES FROM DISPENSARY PRACTICE.*

By C. E. WHEELER, M. D., Kingston, Eng.

1. A. E., a schoolgirl, twelve years old, came to the dispensary on April 9 complaining of a dry hacking cough, worse at night and in early morning. This had been present since December, 1896. On examining her chest, nothing was discovered amiss with the lungs, but the cardiac dullness was found to be increased, and a slight presystolic thrill was felt and a short presystolic bruit heard at the apex. The general health of the patient was reported good. Hyoscyamus was tried first, for a day or two, but without any benefit at all. Lachesis 6th, four times a day, was then prescribed with complete success, the cough lessened after the first day, and at the end of a week had entirely ceased. The prescription was made rather from the cardiac condition than from the character of the cough, as I had found benefit result several times from the serpent poisons to hearts with presystolic thrill and bruit. The patient did not present any cardiac symptoms; there was no breathlessness or palpitation, but as it is not uncommon to get a dry cough in cardiac disease, it occurred to me that if I prescribed for the heart I might cure the cough, and so, fortunately, it turned out.

2. The following case possessed some interest for me, as the first of the kind that I have treated with an internal remedy only.

A. M., a girl, six years old, was brought to me on April 9 suffering from psoriasis guttata. She had had one attack previously, twelve

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months before, and had been under treatment for some weeks. This time the disease had only just begun. There was one patch on the left knee the size of a four-shilling piece, two other smaller patches on the same leg, and one just commencing on the right knee. The general health was good.

Though I had never before treated psoriasis without external applications, I did and do regard them rather as confessions of weakness. This being a mild case, I thought I would try for a week at least with internal medication alone. I prescribed arsenicum 6th, three drops three times a day, making no alterations in diet or mode of life, and at the end of the week the skin was quite clear. Of course this was quite a slight attack and it may be contended that it would have cleared up if untreated. It may be so, but in 1896 the child was affected for several weeks and the eruption, when I saw it, struck me rather as commencing than as disappearing. Of its nature I have not the slightest doubt. The spots were few, but absolutely characteristic. I gave arsenicum 6th because of my success with that dilution in another case, where the child was covered from head to feet, and had been under treatment for four years without ever getting clear. There I used external applications of ung. chrysarob., as well as giving arsenicum 6th, but I am inclined nevertheless to attribute a good deal of effect to the internal remedy, for it is practically certain that the same ointment had been used during the four years of treatment, but the child was not cured thereby. Psoriasis in my experience is difficult to cure. When I was at St. Bartholomew's a large number of cases of skin disease used to come up for treatment. They all got liquor arsenicalis, two drops three times a day, in an alkaline mixture. I never saw any case benefited unequivocally by the drug—indeed it was that experience, supplemented by the utter failure of the 3x trit. in my hands on more than one occasion, that led me to try a higher potency. My cases, since I have tried dilutions 6th and upward, have been as yet too few to warrant a dogmatic statement, but so far I have done much better as far as psoriasis is concerned than when I used the 3x trit. or the liquor arsen.

3. Mrs. C., thirty-two years old, had been attending the dispensary for a couple of weeks on account of a variety of symptoms due mostly to indigestion, and had improved considerably. Suddenly one day she was seized with shivering, pains in the head, especially in the frontal region and lower jaw, and sore throat, followed in a few hours by a copious discharge of pus from the nose. She complained also of disagreeable taste in the mouth, and foul smell, and of the way the pus collected in her throat during sleep. The pus ran very freely away when the patient held the head forward and down, and from the left nostril only. On examination, the pus was seen to be coming from under the middle turbinate on the left side. I was not able to test the condition of the antrum by trans-illumination, not having the necessary apparatus, but I came to the conclusion that in all probability the suppuration was taking place in the left antrum and told her she had better go to the hospital with a view to operation. The patient, however, said she would not go to the hospital, so I decided to treat her for the time, thinking the futility of medical treatment would make her more inclined to try surgical. I prescribed aur. et kal. chlor. 1, five drops three times a day, and a lotion containing trichloroacetic acid with which to cleanse the nostril. She returned in a week with all the symptoms relieved, less discharge, and less unpleasant smell in the nose. Another week of the same treatment brought about a further slight improvement, but not so much as the first week had done. She then received crotalus 6th, five drops three times a day, and a lotion made up of two drams of silicate of soda 3x to six ounces of water. After a week she returned without any discharge or subjective symptoms whatever. Whether the cure will be permanent remains to be seen. It is undoubted for the present, and as I had no expectation of such a result, I was the more pleased.

A young woman is employed by one of the hospitals of New York City to "run down" parents of sick babies left in that institution. After placing them in the hospital many parents desert their children. The young woman is styled the "baby detective."

SUPPOSE!

DR. R. ABRAHAM, district physician to Mount Sinai Hospital, New York, is author of an interesting paper which is published in the *New York Medical Journal* for September 11, 1897, under the title "The Genital Phenomena of Renal Calculi." Dr. Abrahams quotes four cases, two of which have reference to the testicular disturbance of two patients and do not at this time concern us; the other two, having reference to females, are copied herewith in full:

CASE I. Mrs. N. B., married, thirty-three years old. Personal and family history good. Was in good health up to a year ago. At that time, December, 1895, she suffered from what her family physician told her was an attack of "acute inflammation of the left ovary." This attack kept her in bed for one week, with ice on the pelvis and morphine suppositories in the rectum. The recovery was perfect. Precisely in the same month in 1896 she had a "similar attack." In the absence of her family doctor I was called to treat her. The patient's condition was as follows: Frequent vomiting, coated tongue, and constipation; pulse, feeble and rapid; temperature 101° F. Extremities cold, face pale and covered with a cold sweat. I was informed that for a few hours the woman "was screaming with pain in the stomach" until she had no more strength left. Examination by palpation revealed extreme tenderness over the left ovarian region. A vaginal examination, conducted under great difficulty, showed an enlarged and exquisitely painful left ovary. I was inclined to accept the diagnosis made by my predecessor a year before under the same circumstances—namely, acute oöphoritis—although, it must be admitted, the causes leading to such a condition were not clear. The patient was kept in bed for a week, using hot douches, ice, and morphine. Bowels moved by soapsuds enema, and urine passed frequently, with some pain and tenesmus. At the end of the week, after giving a large and quite warm injection, the woman passed a good quantity of water mixed with gravel and particles of broken calculi. Relief in the ovarian region was immediate. A few days later the previously enlarged painful ovary could hardly be felt.

CASE II. Mrs. B. G. This case is almost the counterpart or duplicate of the preceding one. The patient was thirty-two years old, a multipara, who had never had any trouble with her pelvic organs. On the way home from some festivity she was seized with col-

icky pain in her left ovarian region. No vomiting, but distressing nausea. Pulse, 96; temperature, 100° F. On examination the left ovary was found enlarged and painful. The treatment and progress of this case were identical with those of the preceding one. On the sixth day the patient passed a large quantity of dirty urine containing broken calculi and some blood; she was at once relieved from pain and tenderness in the ovarian region. The constitutional symptoms also disappeared. In twenty-four hours the ovary returned to its normal size.

This suggestion regarding the possible source of ovarian trouble appears to me of vast importance. The literature dealing with such a subject is, however, painfully scanty. The heroic band of gynecologists are taken up with statistics and abdominal sections. It is only here and there that the wiser, the more thoughtful, and the more conservative men, who, by the way, are an excruciatingly small minority, indulge in a hint as to the possibility of ovarian disease as arising from renal affection, like stones and their complications, or, perhaps, some mathestic or sympathetic condition to which the ovary occasionally manifests a marked susceptibility. We find Dr. H. C. Coe warning that "parotiditis may alternate with oöphoritis," so that "this phenomenon might furnish a clew in obscure cases of inflammation" of the ovary; and Dr. Mathew D. Mann and Dr. James H. Etheridge respectively considered "the relations of lithæmia to diseases of the pelvic organs in women," and "renal insufficiency in gynecological cases." The voice of these men hardly had an echo in the realm of gynecology.

Suppose in either of the two above narrated cases some one of the many eager operating gynecologists had been called to the bedside—is there a moment's doubt what the result would have been? Why, look here, you rabid, jealous Therapeutic Specialist, look at this ovary; is it not most villainously red and inflamed and large and tender and imbedded in pus—has not that been the cause of this poor woman's misery for several years past? Is not this sufficient reason for the operation, and thus relieving her of infinite suffering—and an ovary or two? Get you gone with your therapeutics! And stop assaulting the gynecologists! Look at this testicle, Mr. Gynecologist: is it not most severely swollen, and inflamed, and enlarged. Has it not given this poor fellow infinite agony for a week or ten days last gone? Certainly, cut it out! That will cure the pain and decrease the size! And the incidental fact that the woman, a half dozen

days afterward, was suddenly eased of a small handful of calculi, which gave her instant surcease of all pain and trouble, had nothing to do with the case. The skillful operation on the ovarian tissue doubtlessly produced the shock which shook out the stones! That was all. The relaxation produced by the anæsthetic does not count. The woman gets well. Does she? Of that operation, yes. And of that ovary, also, yes. So does the man get well of his operation; but he is "shy" a not unimportant part of his anatomy.

Suppose, therefore, that every testicle that was large, or painful, or inflamed, or had to be carried in a sling, or put its owner in bed for several weeks and besides placed him *hors du combat*, was cut out and bottled in dilute alcohol and exhibited at State Societies—but the supposition is so absolutely violent that it is useless to entertain it even for a moment. Men are the gynecologists of the day; women are the victims! Why should the ovary be any more the seat of a cut-able disease than the testicle? Why should the ovary bear the brunt of the testicles' misdeeds? They are said to be practically analogous in function.

Suppose a small hatful of ovaries ripped out of suffering women were submitted to the usual deifying attendants surrounding the Eminent Gynecologist as he proceeds with his spaying process, how many of that select coterie could definitely declare that the ovary was diseased *per se*, and if so, with what?

Suppose that saucerful of uteri which Pratt presented some years ago to the Missouri Institute of Homeopathy were submitted to nine out every ten operating doctors who gathered about that grewsome dish for an opinion as to the *raison d'être* for the operation, how many would have agreed upon a good cause?

Suppose a woman is taken ill at her menstrual molimen, away from home and away from her careful medical attendant who knows her case thoroughly, and a stranger medico called in *pro tem*. What is apt to be the first advice? To come to the office as soon as recovered from the effects of the hypodermic and be thoroughly examined for a cause. And, then, what? Why of course an operation for taking out the ovarian cyst, or that left ovary which is badly inflamed, or adhered, or floating, or superfatted, or filled with unpronounceable microbes, or any one of fifty other good and large-sounding guesses at the condition of the paining organ with all the usual accessories in all such cases made and provided!

Suppose for the sake of poor suffering womanhood we call a halt to this indiscriminate butchery and mutilation! Stop! Let our hospitals become once more *hôtels Dieu*—houses of God—

places of quiet and calm and peace and soft-voiced nurses and soft-hearted medical attendants who know naught of mandolin or flirting; where a man or a woman can be wooed back to health and vigor without the use of knife and cautery. But ye have made it a House of Blood!

Globules.

The inhabitants of Great Britain are said to consume 4,000,000 pills a week.

Rapidly driven ambulances in this city have been the cause of serious accidents on crowded streets.

Cocaine cannot now be bought in Colorado without a written prescription from a licensed physician.

There are 8232 medical students in the twenty-one German universities, a decrease in number over last year.

A new curette and evacuator has been invented by E. D. St. Cyr, Jr., M. D., of Chicago, in the shape of a magnified spiral.

England wants a Department of Public Health, to be under the charge of a responsible minister, with a seat in Parliament.

Brazil and Switerland are taking the lead in placing medical men in the highest executive offices in their respective countries.

At the last examination of the Pennsylvania State Medical Board 445 candidates appeared, of whom 83 failed and 4 were expelled for copying.

A new button for end-to-end anastomosis of the intestine has been invented by Dr. John A. Lyons of Chicago. It is claimed to be far superior to the Murphy button.

The Hahnemann Hospital College of San Francisco has petitioned the regents of the University of California for admission to affiliation with that body. This step has caused much opposition.

The Board of Trustees of the University of Illinois, at a recent meeting, decided to admit women students in 1898 to the School of Medicine in the College of Physicians and Surgeons of Chicago, which is now a part of the university.

In his instructions on the subject of retained placenta and beginning puerperal sepsis, Dr. Wells points out the danger of using a sharp curette for the removal of pieces of placental tissue. A septic uterus is always soft, and its

perforation by a curette an easy matter. Unless the operator has had experience in the use of the curette, it is better to use the carefully sterilized finger to remove any fragments which may adhere to the uterine wall, and follow this by copious inter-uterine injection of creolin. When the os is not sufficiently dilated to admit the finger, it should be enlarged by graduated dilators on the Barnes bag.

Dr. Weil, in the *Practitioner*, asserts that the vomiting of pregnancy can always be relieved by a twenty per cent. solution of menthol in olive oil. The dose is ten drops, to be taken on sugar.

Of seventeen specimens of cigarette wrappers examined by Dr. William Murrell (*British Medical Journal*), arsenic was found in six. The danger of poisoning is both to the manufacturer and consumer.

Dr. Joseph Hasbrouck of Dobbs Ferry, on the Hudson, was badly injured recently by his team running away while he was calling on patients. The coachman was picked up insensibile. One of the horses was killed.

The subject of bicycle saddles is one often brought to my attention by patients, and for some little time as the result of personal investigation, I have advised lady riders to adopt the Sims Pneumatic-Edge Saddle with continuously satisfactory results.

There is no one posture that can be called normal for a woman in labor. Favor a change of posture from time to time, as may be indicated by an instinctive desire for it, by an arrest of the process of labor, or by emotional discontent, peevishness, or despair.

Kali Bichromicum.—Headache, preceded by blindness. Left upper maxilla sore and painful with catarrh or neuralgia. Feeling of plug in anus. Too frequent urging to urinate, with feeling as if a drop remained. After gonorrhea an occasional stringy discharge.

Dr. C. Gurnee Fellows of Chicago has returned from his trip to Europe, and is once more to be found at his office, beginning with September 15. Dr. Fellows has had a good visit, which he was careful to vary with instructive hospital service in the different hospitals of the older world.

Ivory Soap and its merits are known the world over, and the manufacturers, Procter & Gamble Co., Cincinnati, O., have taken a very pleasing way of keeping their product before the public's eye. Artistic etchings in colors are sent to consumers who apply for them. Several now decorate our walls.

Dr. Turnbull, in the *Lancet*, says: "I was called to a married woman aged forty-eight, and made a provisional diagnosis of gall-stone colic, subsequently confirmed by Dr. Lauder Brunton. I ordered her one-hundredth grain nitro-glycerine, which gave relief in a few minutes; and she has never had an attack since which has not been relieved by this remedy. The use of the drug was suggested by its known paralyzing action on unstriated muscular tissue. Presumably it relaxes the spasms of the gall-bladder and ducts. Perhaps some of the cases of gastralgia that are relieved thereby are really cases of biliary colic.

Dr. Sydney Ringer (*Brit. Med. Jour.*) having long regarded the mucous expectoration in bronchitis, whether viscid and vitreous or profuse and watery, as rather an increased secretion than an inflammatory product," and used tincture belladonna in ten-minim doses three times daily or oftener, to check secretion and relieve an incessant and troublesome cough, now recommends it also to relieve the bronchitis produced by inhalation of ether, and further suggests that it should be given to "patients who, after aspiration, suffer from an abundant watery expectoration so profuse sometimes as to kill by suffocation."

Dr. John Harris Jones, in the *N. Y. Med. Jour.*, says: "There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned; its employment is followed by more or less benefit in every disease to which these parts are liable. It has fallen to the lot of almost every practitioner to be consulted by married women as to the cause of their barrenness, though they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such on many occasions belladonna internally proves a boon, and after some weeks they become pregnant. This happens so often that I am constrained to regard the occurrence as something more than accidental. I do not venture to theorize upon the action of belladonna in such cases, but merely mention that I have observed the external genitalia become more relaxed, and the os and cervix uteri somewhat softened and pliable."

Several of our exchanges have published Eugene Field's poem "When Willie was a little boy" and each night was troubled with enuresis. But several of them have lost the real fun of the poem by omitting the three or four lines which follow the poem. Better read those again, Mess. les Editeurs, and note how the poem will be enriched.

You say he suffers considerably from lung trouble? Yes, his daughter sings.

The eighteenth edition of the catalogue of Electro-Therapeutic Appliances has just been issued by the McIntosh Battery and Optical Company of Chicago. It is a most valuable and instructive production, and is sent free to any physician upon application.

Dr. L. C. McElwee, St. Louis, has been appointed to the Missouri State Board of Health, August 20. A very good appointment, for Dr. McElwee besides being a good homeopath is an honorable man who will deal fairly with whatever measure or man comes before him.

The *Medical Advance*, July, 1897, has just appeared upon our table. It is in its former binding and typography, and looks very natural. The editors, Drs. H. C. Allen and W. J. Hawkes, in the modest prospectus say they have amalgamated the old *Advance* with the *Materia Medica Journal* and resumed the name of *The Medical Advance*. Its opening article is "Proving of the X-Ray" by the Brooklyn Hahnemannian Union under the supervision of Dr. B. Fincke of Brooklyn. Without desiring to cast any ridicule upon this contribution we cannot but feel that it will elicit a good deal of adverse criticism, and might well have been omitted. Besides it seems to have been given to another journal at the same time.

Dr. W. A. Woodward of the Chicago Homeopathic Medical College has sent us a copy of a Table showing the sequence of Drug Action, etc. We are not very apt at understanding mathematical ways of practicing medicine, so that our failure to appreciate this little schema is not to be held against the value of Dr. Woodward's leaflet. But what we do deprecate is that he should have gone to the trouble and expense of formulating a new way of using our *materia medica* when the *Materia Medica* Conference has already decided that *materia medica* is impure and unreliable! But then Dr. Woodward was not in attendance upon that *Materia Medica* Conference at Buffalo.

After sitting for three sessions upon the *impure materia medica* of the homeopathic school, the recondite committee formulated and had unanimously passed the following verdict:

First: That it is advantageous and desirable to distinguish those symptomatic effects which have clearly demonstrated their pathogenetic origin.

Second: That it is necessary and essential that other symptoms not possessing this quality of pathogenetic certainty should be retained and kept in such form and relation as to be readily accessible to the practitioner.

Now isn't that an opinion as is an opinion? Could Captain Bunsby have bettered that any? As this Conference is fast taking on the form of a Cross Roads Debating Club where the most momentous questions of the day are easily handled and disposed of—in a Pickwickian sense—it reminds us of the resolutions which Resolved, First, That we build a jail. Second, that we use the timbers of the old jail in building the new jail. Third, that we use the old jail until the new jail is completed. Great is the Resolution maker!

Dr. James C. Wood is lying very ill at his home (Cleveland) with blood poisoning. Another, an old-school doctor and surgeon of the same city, has just died of blood poison. Two other cases of blood poisoning of surgeons are familiar to us. This frequent recurrence of blood poisoning in surgeons, and not in general practitioners, gives rise to the query, why? The first answer at hand is, of course, infection. But why? Does not the modern surgeon take such unusual precautions to prevent infection as were not ten years ago dreamed of in his philosophy? Why not pretty soon assume that parboiling the hands and arms in antiseptic solutions, and then with these soft and impressionable and hypersensitive hands use instruments submerged in powerful bi-chloride of mercury solutions, is the cause of the poisoning?

One of the editors of the *Minneapolis Homeopathic Magazine* gives the lash to the American Institute of Homeopathy on several scores. Some of these scourgings may be merited. But we are ready to say, and to say so, too, from personal observation, that no member of the Institute has ever yet been refused permission to speak his full mind in any section in which he happened to be interested. If any fault were to be found it might with much more justice apply to the too much talking of everybody. It may seem to an occasional visitor to the Institute that the older members take up a good deal of the time, but no younger member, or newer member, has ever been debarred from speaking. The Institute being large and unwieldy may have many faults, but there has never been any restriction of the freedom of speech. Another thing to remember is that, like the United States, the Institute is composed of a large and varied membership, among whom all forms of opinion obtain, and it is, therefore, not just to hold the whole Institute to blame for the frenzied doings of any one section, any more than it is to hold all of the United States blood-guilty when some maniacal community in the far South or West strings up to the nearest tree a criminal caught red-handed.

WE WANT

Money.
 Infants' and Children's Clothing.
 Towels.
 Clothing of all kinds for Men.
 Old Linen.
 Text-books for the Nurses' Library.
 China Dishes.
 Rugs.
 Short Night Shirts.
 Napkins.
 Sheets.
 Pillow Cases.
 Children's Night Drawers.
 Small Tables.

—Editor "*Hospital Bulletin*."

WE WANT

Money.
 Infants' and Children's Cases.
 Towels.
 Clothing of all kinds for Ourselves.
 Old or new Linen.
 Text-books for our Library.
 China (Limoges) Dishes.
 Rugs and Carpets.
 Some Night Shirts.
 Napkins and Table-cloths.
 Sheets.
 Pillow (and other) Cases.
 Children's Night Drawers.
 Some Tables and Chairs.

—Editor AMERICAN HOMEOPATHIST.

Chelidonium a Failure in Curing Cancer.—As we suspected when this matter was recently revived by a Russian physician, says the editor of the *Medical Council*, the treatment of cancer by injecting the juice of milkweed into the diseased area has proven to be no more successful than it was in former generations. In fact, it hastens the dissemination of the disease into surrounding healthy tissues. Its revival with each new generation of physicians is due to the fact that, as an escharotic having a selective affinity for cells deprived of vitality, it is beneficial in removing superficial growths, as warts, corns, callosities, and superficial ulcers showing signs of malignancy. While it does not possess curative action, still it is valuable for use as the best of the palliative remedies, and its use by local application is not attended by pain.

However, these objections do not apply to the injection of alcohol into and around the diseased tissue, as it depends upon quite a different action (not escharotic), and we believe it is the best treatment yet demonstrated for the retardation of cancerous growths.

Office of James S. Kennedy,
 Physician and Surgeon,
 Chambersburg, Pa., July 14, 1897.

CHARLES ROOME PARMELE CO., New York.
 Gentlemen: I am of the opinion that the Charles Roome Parmele Co. should be considered public benefactors for placing upon the market such a splendid article as caroid. The reason for my opinion is just this. From my childhood I have never been able to eat onions without experiencing the most terrible oppression. When I had read the statement that one should eat of the things which did not agree with their stomach and then take caroid, the aforesaid company agreeing to pay all doctors'

bills, I concluded that caroid would be a good thing to have in the office when business was quiet and give the article to my friends to try. I did so, thinking that they would speedily come back for a remedy to cure indigestion. Not so, however; they came back for more caroid and there were no deaths; thus I concluded to try it on myself. I had been hankering for a dish of young onions, so after making my will and attending to such business as is generally neglected until too late, I braced myself for the ordeal. I hid my revolver, locked up the poison case in my office, bid my family a tearful farewell and sailed into the onions. "It is the unexpected which always happens." So it was in my case. I ate and ate and ate, expecting every moment to fall to the floor in the agony of cramp, but no—the caroid was doing its work. Heaven has few pleasures equal to a dish which is fit to place before a king. That dish is onions, and especially so when one has not tasted them for several decades. That was my case. I feel that now I can defy the pangs of indigestion and shake my fist under his nose with impunity, knowing that he has no terrors for me or mine. "The Lord love and keep you in the hollow of his hands" for discovering caroid.

Yours with the reverence which we pay to royalty, and with the hope that your pathway through life may be as good as your caroid, I remain,
 Yours very truly,

JAMES S. KENNEDY.

The American Homeopathist.

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The American Homeopathist.

NEW YORK, OCTOBER 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



HAYES C. FRENCH, M. D.,
San Francisco, Cal.

THERE seems a sort of poetic justice in this measure; though, like the Chinese idea of ennoblement, it works backward; because it is to these self-same demi-mondaine barbers that we, the present four-inch-collar-surgeons, are indebted for our origin.

* *

IF, now, some benevolent and far-seeing genius will require, in due and ancient form, that the tonsorial artist shall not chew peppermint gum, or have a nut-brown breath, or, after smoking a cob-pipe, blow the remnant-hair off a man's face or out of his neck, or cover his victim's mouth with a large, soapy, flabby hand, or breathe in his face while depilating him, or talk *Police-Gazette* or base-ball news to him, or tell a hard money man that there are silver threads among the gold—perhaps a visit to a tonsorial parlor may ultimately become as pleasurable as a twenty-five dollar, daylight, obstetrical jaunt, in hand paid, after only three hours wait, with no surgical aftermath.

* *

WHEN the legislators have brought about all these desirable changes in this ancient and honorable craft, it will have to follow France in another particular and offer a prize [not for babies, but] for barbers; since, to be one of these antiseptic, hand-washed, idyllic barbers it will be very nearly as difficult as to be a trained nurse. So much of medical lore and surgical detail is demanded of each, and now particularly of the former, that but a trifle more of study and application would make the suave, dry-washed, guitar-playing Barber of Seville one of us—a full-fledged surgeon! (Mindful of our personal experience with barbers in Paris last year, we would suggest one more, though, possibly, a minor amendment to the foregoing list—namely, that the barber shall also learn how to shave.)

IN Paris, it is said, a barber is now required to antisepticize his different metallic and other professional paraphernalia, from the greasy, creaky scissors to the mutilated brass plate which the prospective victim is required to hold under his chin while being shaved. It has, also, been very wisely added, that he must wash his hands.

RIVAL JOURNALISM IN THE INSTITUTE.

WE learn, but with no surprise whatever, that the 'steamed editor of the *Medical Era*, who is also the Most Honorable the Second Vice President of the American Institute of Homeopathy, smarting under the enterprise of several rival homeopathic journals who published some of the Pedagogy Section papers in advance of the *Era*, is making for himself much unnecessary trouble, spending considerable time and more postage than he need, in SECRETLY ascertaining how he, the said editor, was prevented from publishing solely and alone all the papers and discussions of that Section. This is wholly unnecessary. If the editor-and-second-vice-president is at all anxious to know how this awful thing was brought about, he has but to write to the Recording Secretary of the Institute, the writer of this present article, and receive all proper information. This would seem to almost any other person to be the proper course to pursue, as we are the accredited custodian of all Institute papers. What, then, is the sweating need to institute an offensive, SECRET search for that which may be had by an honest, open request?

We question whether the American Institute of Homeopathy will permit itself to be drawn into any journal war. Still, this is a good fat time to strike us, as we have had the unpardonable temerity of criticising some of the acts of that Institute. It would seem that some mighty scheme is being planned for impeaching this present Recording Secretary of high crimes and misdemeanors and so ousting him from his high office. But, even here, again, there was and is no necessity for heroics and dramatics—no pressing need to resort to this honorable mode of proceeding as between gentlemen, members of the same profession, and amicable brother officers. We are not aware that the present Recording Secretary (ourself, so please you) has ever expressed to anyone, or has ever harbored the belief, that he was possessed in fee simple of this office, and for life. The *Era*-editor and right honorable brother-officer is a western man, and at Omaha will mayhap either himself succeed to our shoes—he possibly needs them more than we—or some good friend of his will be put in our place. Perhaps the West will sustain him

in his Indian warfare on a rival-editor and brother-officer. Perhaps, also, not. But of one thing he may rest assured, this right honorable brother officer of the Institute (with the fair-play attachment), that whether we are in office or not, the *Medical Era* only will never have the only full report of any publicly held meeting of the American Institute of Homeopathy!

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Vinegar IN CARBOLIC ACID POISONING.—

Many will remember Dr. Edmund Carleton's recommendation of vinegar as an antidote for carbolic acid poisoning. Dr. Steavenson⁵⁷ credits Dr. Carleton with the suggestion which led to its use in the following case:

The patient was a servant girl, aged eighteen. On August 3, 1896, a medical man was called in to see her at 8.30 A. M. He was told that she was subject to "fits," and that she had just had one. She was then in a semiconscious condition, frothing at the mouth. She had vomited slightly; the vomit, it is stated, having a sour smell, but no carbolic acid odor was observed. She appeared to be coming round, and a "bromide draught" was administered. She was then sent home in a cab. She gradually got worse, and another medical man who was passing the house was called in. He diagnosed carbolic acid poisoning. Failing to rouse her or get her to swallow anything, he ordered her to the hospital.

On admission at 11.45 she was quite unconscious, cyanosed, and nearly pulseless. The lips and tongue were discolored, and the breath had a slight carbolic acid odor. I gave her a hypodermic injection of strychnine gr. $\frac{1}{80}$. Then, as she could not swallow, I passed a soft stomach tube, and washed her out with vinegar and water (equal parts), following this up with about six pints of warm water. I then gave her $\frac{3}{4}$ v milk and $\frac{3}{4}$ j brandy, and left this in the stomach. She was put into bed and kept warm.

She gradually regained consciousness, and could speak at 4 P. M. She was fed on Benger's

Food and milk and soda water for the next three days. She never vomited or complained of any pain. Carboluria was present for two days. It is now a year since it happened, and she has never felt any discomfort.

The long period of unconsciousness, the rapid recovery with no discomfiting after-effects, I think, speak well for the vinegar, and I think it should be given a fair trial, as it is a remedy which can be obtained in any house.

Epilobium Hirsutum Poisoning.⁷³—W. E. P., aged three years, a well-developed boy, was admitted under the care of Dr. Oliver on August 5, 1897, in a state of complete coma and the subject of epileptiform convulsions following each other in rapid succession. He had been only a very short time ill. His temperature on admission was 100°F. It appears that immediately previous to his illness the boy, who had been quite well, had been playing with a little friend, and that they had in their possession a bunch of plants known as the hairy willow herb, some of the flowers of which the patient had eaten. Very shortly afterward the mother found the child unconscious and in convulsions. In this condition she brought him to the infirmary. There was no history and no mark of any injury; no albumin was found in the urine, and there was no discharge from either ear. The abdomen was distended, the pupils contracted, and the patient was in a state of complete collapse.

The stomach was at once washed out, bringing away remnants of food and a pink juice such as the flowers which the little fellow had in his hands gave on expression. An ounce of castor oil and 10 grains of potassium bromide were carried into the stomach by the tube, and within half an hour the fits ceased, and in about an hour the child regained consciousness. Next day, when seen by Dr. Oliver, the boy was heavy, and with difficulty roused. Some of the sleepiness was probably due to the bromide. Shortly after the bowels had been freely moved the patient became quite well.

(Another variety of the willow herb, the *epilobium palustre*, has been proved, and is recorded in Allen's Encyclopedia.)

Hyoscyamus IN PUERPERAL MANIA.—Dr. Craig.⁷—The only case of this kind that ever

came under my notice, although a very unpromising one, had a very satisfactory ending. The patient, a woman of about twenty-four, had been confined a week previous, and had shown symptoms of mania from the day of her confinement. I was called in counsel, because she had not slept during the week, and at this time she had become violent and had driven the attending physician from the house with an uplifted chair, because she had overheard him inform her husband that he was about to give her a hypodermic injection of morphine.

I prescribed hyos. 3x without benefit, then the 2x, and finally the tincture, without any benefit whatever. I then administered a placebo to give me time to review the case, and, as I could make out nothing but a *hyoscyamus* case of it, I gave her the 200th of that drug in the afternoon of the third day, which made two weeks that she had been deprived of sleep. About nine o'clock she fell asleep, and did not awake until morning. After three or four days of improvement she became despondent, and wanted to get out of doors, when I changed the remedy to *pulsatilla*, and dismissed her cured within a few days.

This case had a hopeless look because of her family history: her grandfather had died in the insane asylum at Kalamazoo, Mich., and her mother and two aunts had each been insane, and for that reason the prompt response to the properly selected remedy and potency was gratifying.

There was one thing in this case that was noticeable, that I have frequently seen in other cases, and that is that a remedy may be indicated when the so-called leading symptom may be entirely absent. There was no disposition in this case for the patient to uncover herself, nor was there any indecency shown either by her language or actions, as there usually is when *hyos.* is indicated, but other symptoms, which I cannot now recall, decided in favor of this remedy with the results as I have stated.

Sepia IN WHOOPING COUGH.—Dr. T. S. Turner.^{7, 14}—I recall a most aggravated case in a child of about nine months. It was about the second week, and the case had grown worse from day to day, and when I saw it seemed a most hopeless one. While trying to get a little

history it had another "coughing spell," and it "coughed the breath out of the body." There was no respiration of air, and that was why they thought every "spell" would be the last. *Sepia 6x* made a most brilliant cure. I have verified this symptom, and when we find that peculiar cough *sepia* will not disappoint us.

Epilepsy and Ferrum Hydrocyanate.

—Dr. J. M. Colburn reports, in the *Big Four*, the following very interesting case: "Was called three months ago to a well-to-do family in Kansas City, Kan., to cure what the family called 'convulsions' in a child. A thorough examination of the case proved the child to be suffering from epileptic attacks. The people having been believers in allopathic treatment, had the child cared for under this method, and I therefore resolved to remain neutral for a while, until all possible drug symptoms had been exhausted. I gave hygienic instructions and let the case rest a couple of weeks. I confess I did not observe during this time any drug symptoms nor any change. Meanwhile, however, I had closely studied all symptoms, and now treated the child according to homeopathic principles. *Belladonna* and *nux vomica* did some service in the *1x* in alternation, the higher failing to have any effect; still, while the attacks seemed to grow less violent and often, yet the child suffered. I now prescribed *ferrum hydrocyanate*, *1x* tablets, one grain tablet three times a day. I continued this treatment for three weeks, during which time the child remained free of attacks. It is now three months since I began giving the *ferrum hydrocyanate*, and I can report that the child has not had another attack. I give now one tablet every other day."

Malaria Officinalis.—Dr. G. W. Bowen^o has prepared and used as a remedy in diseases presumably due to malarial influences, water which has stood on decomposed vegetable matter for one, two, or three weeks, raised to the *1x* dilution with alcohol. His reported cases are all of rheumatic troubles due to malaria. The best is the following:

"I was called to see I. S., aged fifty-five, a veteran and pensioner of the last war. He was poor and bronzed in color. Had not been able to walk for years. After repairing his heart,

chest, stomach, and curing his piles and regulating his bowels he was content, yet he could not walk. Being assured that his back had been injured while in the army, and as his limbs would not move at his will and he could not walk alone or get up out of a chair, I gave him for a week *ruta graveolens* and *rhys tox.*, of each the first cent., three hours apart. This enabled him to get up and down two steps alone to the kitchen. Then, concluding his trouble was all due to rheumatism and that was caused by malaria, I gave him two drams of No. 30 pellets of No. 2 form of malaria, first decimal, with orders to take ten pills three or four times a day. In one week he rode to my house and came up and down the steps alone. I gave him two drams more, and in five days he came to my office, having walked nearly three miles that morning alone. I need not say I was deeply surprised and could hardly believe it was all due to malaria. It certainly was, as nothing else was taken or applied. He has gained flesh and seems to be at least ten years younger than he was."

Arsenicum Jodatum IN CANCER.—Dr. Kruska,^o,²⁰—Mrs. G., forty-eight years old, on April 15, 1896, came under my treatment. Antecedently to this there had been excision of the left mamma, in a clinic, owing to cancer. I found a woman almost on her deathbed, the wounds from the operation were still suppurating, there were cancerous tumor far advanced in the right mamma, and in the skin of the trunk a countless number of nodules of the size of peas down to that of lentils; from her antecedents these were manifestly to be pronounced cancerous nodules. For the last half year there had been vomiting daily whenever she took nourishment, and neither the clinical physician nor her private physician had been able to remove it with their allopathic therapy. I gave first of all *tart. stib.* 3 D. After three powders the vomiting ceased. Then the woman received *arsen. jod.* 6 D., and though she seemed on the point of dying, she visibly improved. Her appetite returned, her strength increased, in a few months she was able to resume her domestic occupations, could drive out, and also walk a considerable distance without any attendant trouble. At the end of November, 1896, Mrs.

G. was afflicted with lead poisoning, and though very low in consequence was cured, and is at this day relatively well and hearty. The tumor in her right breast has not increased but rather diminished, the wounds resulting from the operation are healed, the nodules in the skin have largely passed away. The diagnosis of cancer was absolutely established by microscopical examination.

Calotropis Gigantea IN SYPHILIS.—Dr. E. M. Gramm^{9, 11} noticed the similarity of the symptoms for which this drug was said to be useful and those that appear during the period of rest from a mercurial treatment of syphilis. Given in the tincture instead of a placebo, the progress of the case has been much more favorable. One of his cases is of Mrs. C., aged forty, who had been taking mercurius iodatus ruber for some time past for a syphilis of six months standing. She had a black streak along the middle of her tongue and a slightly increased amount of saliva. There was an enormous thickening of the free ends of all of her nails, and under the right thumb-nail a large moist papule had developed, causing her excruciating pain on using it. Her throat showed the reddening and the peculiar whitish or bluish-white pellicle on opposing faces of the tonsils, though they were not much enlarged. She had attacks of palpitation of the heart and felt quite weak when a warm spell of weather came. She had had a medium sized papular eruption which had faded under the treatment; but the other symptoms were steadily and aggravatingly becoming worse. *Calotropis* was prescribed, two number six disks beings given every three hours. They were saturated with equal parts of the tincture of the remedy and alcohol. In a week the tongue looked almost normal, the nails had improved very much, and a general feeling of returning health pervaded her. She was kept on the same treatment for five weeks, when an acute attack of cystitis caused the administration of aconite for a week. *Calotropis* was then given again for a week. An ultimate cure of the nail lesions resulted and a very decided improvement of the general health occurred.

The president of the Oklahoma Board of Health is a homeopathic physician.

A CREDIT-MARK FOR MAGNESIA PHOS.

By THOS. T. McNISH, M. D., Allegheny, Pa.

TWO years ago I was consulted by a farmer, sixty years old, spare, of nervous temperament, about a dyspepsia of three years' standing. It was an aggravated and aggravating case, but I am not going to detail it further than to say that I gave sepia, 30th trituration, and this single remedy effected a perfect cure.

The patient then informed me he had another complaint of far older date, which he had not mentioned before because he believed it incurable, but the successful treatment of his dyspepsia gave him hope that the other disorder might be cured. The history of the case was briefly this: Nineteen years before, while digging a well, he strained his back; the effects, however, soon passed off and he believed himself well, when he was suddenly seized with what he called "a cramp" in the lower dorsal and upper lumbar region, which twisted him around until he "faced to the rear." The spasm, which was very painful, was repeated several times. After an interval of some weeks he had another attack, and from that time forward they increased in frequency until he had one or more daily. His general health did not seem to suffer.

He received treatment from many physicians (all of the old school) with very slight benefit, and at last placed himself in the hands of a specialist who gave him electrical massage once or twice a week. This was continued regularly for four years, during which time the attacks decreased in frequency (but not in intensity), so that they did not recur oftener than once a week, and occasionally the interval was two weeks. (I neglected to say, in the proper place, that the patient was always twisted toward the right side. There was very slight tenderness over the first lumbar vertebra).

You will readily understand that I was not enamored of this case, and indeed hesitated to undertake it, but the insistence of the patient decided me, and after two weeks' study and reflection I prescribed mag. phos. 6x trituration, four doses daily. This was continued for one month.

The effect of the medicine was remarkable. From the time of taking the first dose the spasms

ceased, and though more than eighteen months have since passed they have never returned.

CLINICAL OBSERVATIONS ON THREE CASES PRESENTING POINTS OF INTEREST.*

By S. H. RAMSEDFHAM, M. D., Leeds, Eng.

IN the belief that what proves interesting or instructive to one may have some value for all, I venture to put on record three cases which have proved specially interesting and instructive to myself.

Gall Stones.—30th June, 1895. During my absence from home, Dr. Vincent Green, who was kindly taking charge of my practice for the time, was called to see Mrs. H., widow, aged sixty-four, whom on my return home a few days later he reported as having had an attack of influenza. Visiting her on July 4, I found her weak, with furred tongue and no appetite, but free from pain, save a slight tenderness over the epigastric region, and laying her symptoms to the account of the influenza; prescribed strychn. phos. 3x, one minim thrice daily. On the 9th I was told the patient had had a relapse. During the preceding night a sharp rigor had occurred, following by an attack of fever so severe that the thermometer registered 104°; at the same time she had severe headache and pains in the limbs, in the joints more than in the shafts of the bones; and the attack had terminated with violent and profuse sweating. At the time of my visit the temperature had sunk to 102°; the patient was languid and weak, there was slight tenderness over liver and some epigastric pain, but no marked symptoms of any kind. Still holding the idea of influenza, I gave arsenicum and gelsemium, continued in attendance for a few days, and again endeavored to patch up my patient's strength with strychn. phos. and chin. sulph., which latter remedy quickly seemed to disagree, and was discontinued. Similar attacks continued to recur at intervals of from four to ten days; and now, notwithstanding the lack of absolute periodicity in the attacks, I tried to find some malarial origin for them, but without success. During the latter part of August one of the febrile attacks was followed by giddiness, tinnitus, nausea, and cold perspiration, and the

weakness became more pronounced. Merc. sol. now took the place of arsenicum. Although her own home is in a fine, open, healthy situation in one of the best of our Leeds suburbs, nearly three miles from the center of the city, I was glad to acquiesce in the patient's removal for a short visit to the house of a friend, situated at a still higher elevation, further away from the city, and standing in its own spacious pleasure grounds and park. The attacks, however, continued to recur, and occurred in the day time as well as in the night, the patient in the interval experiencing more or less *malaise*, with more pronounced tenderness over the hepatic region, accompanied by a dragging sensation which made standing or walking wearisome, and lying down was found to be the most comfortable position. In the early part of September she went to Settle for a fortnight, accompanied by her daughters. Here, five hundred feet above the sea level, on the mountain limestone, in the midst of most beautiful scenery, and in the clear, pure air of the Craven district, it was hoped some improvement would take place. On September 10 I received a letter saying the febrile attacks still continued, and that the liver was now showing distinct signs of derangement, the urine having become very high in color and the stools correspondingly light and clayey. R Chamomilla 1x and lycopodium 6th. I felt much puzzled by the peculiar development of the case; and when at the Leeds Congress (19th September) Dr. C. H. Blackley proposed to me that he should pay the lady—formerly a patient of his own in Manchester—a friendly visit, I welcomed the suggestion, and asked him to note her case, and help me with any suggestions for treatment which occurred to him. Under these circumstances he thought it best that we should see her together, and as she had now returned home, our joint visit was made two days later. After he had completed his examination he greatly startled me by expressing the opinion that the patient was suffering from gall stones, an opinion which was to me a severe trial of faith, as I was then unable to conceive of gall stones existing without any concomitant pain. It was reassuring, however, to learn that he had not met with more than three or four such cases, and that he had been puzzled by the first as much as I had been. At his suggestion

* *Monthly Homeopathic Review.*

nux v. 1x and merc. sol. 3x were now given ; these medicines were continued for a month, when, the skin beginning to manifest a distinctly icteric hue, berberis 1st and lycopodium 6th were substituted. During their administration some benefit was noticed, for though the patient continued to lose flesh, and the dragging sensation and nausea were still present, the febrile attacks ceased for a period of about three weeks in November, and the stools varied from a pale clay color to an almost normal brown. After this interval the patient became more ill between the attacks of "ague" ; there was more nausea, and more marked inability to stand or walk.

On December 6 the pain began to increase in severity, at first a dull aching merely, but becoming so intense that on the 8th the family asked that Dr. Blackley might see her again. He kindly came over without delay, and adhered to his former opinion, to which by this time I was quite converted. Merc. dulcis 1st and chelidonium 1x were the medicines now suggested, and we fully expected the diagnosis to be confirmed in a few days by the passing of a stone or stones. From the time of Dr. Blackley's first visit the stools had been passed through a sieve and carefully examined, but no foreign substances had been found in them. Nor were any found on the subsidence of this attack, neither was it followed by any improvement in the patient's condition ; in fact, she seemed decidedly worse, jaundice and rapid emaciation being superadded to her previous symptoms. Save that in January the treatment had to be discontinued owing to an attack of conjunctivitis, severe and protracted in proportion to the patient's already enfeebled condition, these medicines were continued up to the end of March. During February some improvement was again observable ; the febrile attacks were less frequent and severe, and she had again a period of three weeks of freedom, and though her appetite was still a *minus* quantity, she gained some little strength. In the beginning of April she went to Grasmere, where she remained for about a month, and after a fortnight at home went to Ilkley for another three weeks. All this time the nausea and weariness continued, though the febrile attacks were certainly less severe ; but her confidence in the soundness of Dr. Blackley's

judgment enabled her to bear the trial of such constant and prolonged invalidism, and to look forward hopefully to ultimate recovery from it.

During her stay at Ilkley she was induced by the experience of others to drink the imported Carlsbad waters. This she did the more readily as I had discussed with her the possibilities of a visit to Carlsbad, with a view to undergoing treatment at the place itself. On the 11th June a sharper rigor than usual occurred, and on the 20th the first piece of concretion was found in the stool. During the next three days several pieces passed ; these consisted apparently of cholesterine in an amorphous form, mixed with some fatty matter. They were friable and left a yellow stain. Two of them were the size of ordinary marbles, and there were about a dozen smaller pieces which appeared to have been broken off the larger ones. After this steady improvement set in and has since been maintained. She continued to take her dose of Carlsbad water (half a tumbler each morning before breakfast) for another month ; her appetite returned ; she gained strength and flesh, and at this date (July 30) assures me she feels perfectly well.

The cure in this case cannot be claimed as having been wrought by homeopathy : it illustrates rather the value of natural mineral waters as therapeutic agents. They are sometimes decried, and the benefits occurring during their use are too easily set down to the credit of the change of air and scene and to the more strict regimen enforced at these "Spas." Mrs. H. took the waters at home ; there was no change of air, nor alteration in her ordinary habits of life ; yet the very effects followed which have long been ascribed to the ingestion of the water at the spring itself. Mr. Mayo Robson, whose experience of gall stones is of the widest, commonly advises this mode of taking the Carlsbad waters ("On Gall Stones," p. 116), and thinks as much good may be done by them at home, as by going to the spring ; a comforting assurance for those whose pockets could ill afford a visit to the Spa. But though the cure cannot be claimed for homeopathy, it is only reasonable to suppose that some of the alleviations observable in the course of this protracted ill-

ness not only ensued upon, but were attributable to the administration of the medicines selected. It should be noted also—and here perhaps comes in an indirect benefit from homeopathy—that the dose of water given was much less than that ordinarily prescribed and yet it answered its purpose. Dr. Kraus of Carlsbad ("On Gall Stones," p. 73) speaks of three tumblers a day as the ordinary dose. Mrs. H.'s daily consumption was only one-sixth of this quantity, yet in her case at any rate a larger dose would clearly have been unnecessary, perhaps even mischievous. It is indeed a matter of common observation that when from any cause those who have been nourished and brought up on homeopathy are compelled to have recourse to allopathic, or even to mineral water treatment, much smaller doses than those usually deemed necessary are required for the production of the desired effect.

But the points of chief interest in this case are (1) the difficulty of diagnosis, and (2) the passage of gall stones, especially concretions of so large a size, without pain. It may, indeed, be held that I ought earlier to have discovered the true cause of the malady. Attention was, it is true, early directed to the liver, but its derangement was considered as consequent upon rather than as causing the ague-like attacks. A certain amount of hepatic congestion may occur in connection with influenza and malarial fever, the skin in some cases even assuming a slightly icteric tint.* Frerichs,† speaking of the presence of concretions in the interior of the liver, tells us the symptoms they cause are of an indefinite character, but that occasionally, owing to more severe irritation of the bile ducts, "attacks of rigors occur, followed by sweating, which lead to the assumption of intermittent fever; the more readily as jaundice and other hepatic symptoms are absent." In one case occurring in his own practice "Quinine was given for a long time without benefit, and the cause of the rigors was not discovered until the *post mortem* examination; numerous calculi up to the size of a bean were then discovered in the hepatic

duct, the glandular tissue of the liver being unaltered." In the present case Dr. Blackley's experience enabled him to form a correct diagnosis at an early period, and so probably conducted to its more happy termination.

Frerichs also tells us* that in several cases occurring in his own practice the colic arising from gall stones has been accompanied by a severe attack of rigors, often followed by heat and sweating, the temperature rising to 104.9°, and the pulse reaching 120. These attacks occurred at irregular intervals, each occasion being marked by an increase of pain. And Mayo Robson† quotes a paper on the same subject by Dr. Osler of Baltimore which appeared in the *Annals of Surgery* for March, 1890, wherein are given as symptoms characteristic of the existence of gall stones in the common duct:

1. Jaundice of varying intensity, deepening after each paroxysm, which may persist for months or even years.

2. Ague-like paroxysms characterized by chill, sweating and fever, after which the jaundice usually becomes more intense.

3. At the time of the paroxysm pains in the region of the liver with epigastric disturbance.

In the present case, with the exception of a few days in December, there was a total absence of any pain which bore the slightest resemblance to an attack of "hepatic colic." And it should be remembered that this pain occurred six months before the passing of the concretions from the intestines, that in the interval the "ague-like paroxysms" persisted, and that even the last more severe rigor, nine days before the passage of the first of these concretions, was not followed either by marked increase in the jaundice, or by any paroxysm of pain.

Angina, or Anginiform Spasm.—20th January, 1894.—Mr. H. S., aged fifty-six, engaged in business, consulted me complaining of pain in the precordial region, accompanied by breathlessness on any, even slight, exertion. He first noticed that anything was wrong with his breathing about twelve months ago, since which time he has got gradually worse. Any effort at hurry, *e. g.*, to catch the morning train into Leeds, brings him up short with tightness across

* Russell Reynold's "System of Medicine," vol. i. pp. 42-66.

† "Diseases of the Liver," vol. i. p. 516 (New Sydenham Society, 1861)

* *Op. cit.*, p. 519.

† "On Gall Stones and their Treatment," p. 84.

the chest, stopping his breath; and the uphill walk from the railway station to his own house produces great exhaustion. His complexion is dusky and expression anxious, but he says he feels quite well in all other respects, and when quiet quite as well able to manage his business as ever he was. The attacks of pain occur only during exertion, and have apparently no connection with the stomach; his appetite is good, and all the functions connected with digestion are naturally performed. Examination of the heart yields no evidence of valvular or other organic disease, the only noticeable variation from the normal being that the first sound differs very little if at all in character from the second.

Advised to take a prolonged rest from business, he said this was unattainable at the present, but promised to drive to and from his work, to avoid hurry, exertion, or excitement. To take internally arsenicum 3x and digitalis 1st.

27th January.—No improvement; medicine changed to glonoin 3x and nux mosch. 1st. 3d February.—Much the same report. R. Liq. arsenicalis Fowleri mj. pro dosi. 5th February.—No improvement having followed last medicine, R. digitalis φ mij night and morning, and arsen. strych., one of the dosimetric granules after the mid-day meal. But as the patient seemed restive under the restrictions as to exercise, etc., laid down, I requested him to see one of the leading consultants in this city, and if his opinion and advice coincided with mine, then to act upon it. After their interview on the 6th, I received from the consultant a letter, in which he characterized the symptoms as "essentially those of periodic cardiac failure under exertion, with anginiform pain." Noticing the comparative feebleness of the first sound of his heart, he says: "This symptom is, I think, of importance as indicating rather serious weakness of the cardiac muscle, which I have no doubt is the structure at fault. I should fear that he is the subject of a moderate amount of senile change in the muscle, possibly fatty." Recommending rest and freedom from excitement, he approved of the remedies which were being given, and I accordingly continued them.

As our advice in the matter of regimen was the same, the patient went the next day to Har-

rogate, where at the end of ten days I visited him. The rest and freedom from business cares had certainly done him good, and he was able to take a little gentle walking exercise every day on the level; any attempt at active exertion brought on all the old symptoms. It was evident that the treatment pursued was not having the desired effect, and that some change must be made. Thinking the matter over on my way home, and desiring to find a more truly homeopathic remedy, there flashed across my mind the recollection of a page in Dr. Bayes' "Applied Homeopathy," in which I seemed to see angina pectoris and cuprum aceticum brought into correlation. My copy of this work being out on loan, I could not, however, refer to it, and reference to the "Cyclopedia of Drug Pathogenesis" gave little help. Nor does Dr. Hughes, either in his "Pharmaco-dynamics," or "Therapeutics," do more than refer to Dr. Bayes' suggestion and endorse it by his own experience. At all events, I felt encouraged to try this remedy, knowing that Dr. Bayes' observations were the outcome of personal experience, and on February 16 Mr. S. began to take it in the 3x dilution. From this time he steadily improved. During the next two months I saw him four times; he attended occasionally at his place of business, and took a house at Harrogate for a permanent residence. His progress was so satisfactory that on May 2 he discontinued his attendance, and since then I have only met him casually in the streets or in trains, actively going about his business.

15th August, 1896.—Called to-day to interview the patient, and find him at his place of business, which he attends regularly. He is quite well so long as he takes it easy, but hurry does not suit him. He can walk with much more ease and freedom, go upstairs and uphill without bringing on the breathlessness; and he tells me that the walk to his place of worship, which, when he first went to Harrogate, occupied him an hour, with frequent rests, and exhausted him considerably, is now accomplished with ease in twenty-five minutes without any rest. Examination of the heart shows that, though not strong, the sounds have resumed their normal relative force.

This case may certainly be claimed as a bit

of pure Homeopathy; the relation of cuprum acet. to cardiac spasm is not very clear, but Allen notes "spasmodic constriction in the chest, increasing the already great anxiety," among the symptoms produced in persons poisoned by copper. And if the cramps of copper are due to direct action on the muscles as well as to action through the nerve centers, it would be specially homeopathic to a case in which the muscular substance of the heart seemed the structure principally affected.

Fracture of Neck of Femur.—Some years ago it was my privilege to communicate to the members of the Homeopathic Association a case of fracture of the neck of the femur, the result of direct violence, occurring in a young lady, aged nineteen, in which the use of symphytum materially assisted the process of re-union. I have now the pleasure of supplementing it by another case resembling it in many of its details, but occurring in a person at the other extreme of life.

Mrs. O., aged seventy-eight, the widow of a coachman, was found about five o'clock in the afternoon on 7th January, 1896, lying in a half-dazed condition at the foot of a flight of stone steps leading to a cellar, vainly endeavoring to rise. Those who lifted her up found that she could not stand, and carried her into her cottage adjoining the house and stable where her husband had formerly been employed, and in which she still resided. On my arrival, I found her laid on a sofa, in no pain, with no symptoms indicating that any mischief had been done, save that she was unable to rise. I therefore had her carried upstairs, undressed and put to bed, when the shortening and eversion of the limb, the displacement upward and backward of the trochanter, and the pain attending any attempt at rotation or flexion, gave sure evidence that fracture of the neck of the femur, the frequent result of such falls of persons advanced in years, had taken place.

I made no attempt then or later to elicit crepitus, partly because of the pain caused by any attempt at extension of the limb or movement of rotation, and partly because from one cause or another this diagnostic sign is frequently absent in this particular fracture.

She gave the following account of the accident:

It had been her "washing day" down in the cellar, and when bringing up a basket of clothes, she had turned dizzy and fallen, she does not exactly know how. She attempted to rise but failed, and in falling the second time, thinks she struck her head against the stone supports of the doorway. No bruise on the head is, however, visible. Still struggling to rise, she became dazed, partly no doubt from her agitation and her fruitless struggles, partly from the shock of the accident, partly from the blow on her head, and how long she lay before she was discovered she cannot say. I made no attempt at reducing the fracture, but packed the limb with pillows to render it as immobile as possible, and gave her belladonna and arnica internally to mitigate the effects of the shock. After a restless night she seemed more confused, a trained nurse was obtained to attend upon her, and the pillows used as packing were replaced by heavy sand bags. Next morning the nurse reported a very restless night, with some delirium and rambling talk, the temperature had risen to 101° , and the fæces and urine were passed, if not involuntarily, at any rate without any effort at retention or request for help. Under these circumstances one of the infirmary surgeons was asked, as a matter of friendship, to see the case, which he very kindly did, confirming the diagnosis, and agreeing that under the circumstances it would be unwise to make any attempt at reducing the fracture. Moreover, he expressed an even more unfavorable opinion than I myself entertained, not only as to the prospect of any ultimate restoration even to partial usefulness, but also as to the patient's recovery from the immediate effects of the accident, and offered to secure her reception into the infirmary. This offer, kind though it was, was put aside by the family, as, after forty-seven years of faithful service rendered to them by herself and her husband, they felt unable to send her away, and decided that if her life was to be shortened its remnant should be spent in the place where, and among the people with whom, she had lived so long. She was therefore left under my care with the aid of a trained nurse. Next day there were slight signs of improvement in the general condition, and I therefore determined to keep the leg at perfect rest, both with a view to the patient's

comfort, and to give the bone any chance of repair it might have. With the nurse's help I applied a Liston's long splint, and endeavored to correct the eversion of the foot by means of the sand bags, but made no attempt at extension. A small sore found at the lower portion of the buttock, on its inner margin, was painted with oil of hypericum, and rapidly healed. Incidentally it may be mentioned that during the next few weeks this oil was freely used, and proved advantageous not only in preventing bed-sores, but in giving relief to the aching consequent upon the long and necessary maintenance of one position. Internally symphytum 1st, a drop thrice daily, was given throughout the treatment, with such intercurrent medicines as from time to time seemed to be required by the general condition.

It is needless to follow the case in detail from day to day; it will suffice to state that the splint was kept on for six weeks to the day, another week was passed in bed without the splint, passive motion of the knee and ankle joints being duly made; the patient was then allowed to sit up, and gradually to walk a few steps. At the end of ten weeks she was able to walk downstairs, and on the 4th of April, within three months from the date of the accident, she was able to walk not only from the cottage into the house (not many yards, it is true) but up two flights of stairs (twenty-four steps in all) to see the body of her mistress, to whom she was warmly attached, who had died early that morning. Now (July) she can sit, stand, walk, and kneel with comfort; is able to take some share in her own housework and cooking; and though the injured limb is two inches shorter than its fellow, she not only moves freely about the premises, but takes walks along the streets, goes shopping and to church, disdaining the support of a stick.

That bony union has here been secured is evident; that it rarely is secured in fractures of the neck of the femur, especially in old persons, is notorious; and its existence leads to the belief that the fracture must have been extra-capsular, a belief supported by the great shortening of the limb.* And if this were its position

it was so much the more favorable to bony union, and warranted the application of the splint, and the endeavor to second nature's efforts by securing repose to the limb. The effect of not disturbing the fracture, or separating the impacted fragments by any attempt to elicit crepitus, should also be taken into account as a distinct addition to the amount of rest given to the injured limb.

But if the patient was thus fortunate in the position and character of the fracture, the excellent result cannot in fairness be attributed to that circumstance alone; some credit must be given to the symphytum. It had formerly a reputation as a vulnerary among the people; and I may perhaps be allowed to repeat here what I have already said elsewhere, that my father some years ago saw it growing in a garden adjacent to large iron works in this neighborhood, and was told that it was in great request among the workpeople whenever any bones were broken, a not uncommon accident, and it was added that they asked for it under the name of "knit-bone." The foreign names for this plant—*e. g.*, German Beinwell, Italian Consolida—point to the same action and use; and though I can hardly claim that it is a homeopathic remedy in that its therapeutic action corresponds with its physiological (for no one can expect a proving to go the length of a broken bone!) I do claim that it is a remedy possessing a singular influence on the deposit of osseous—or rather ossific—material. I endeavored to obtain a radiograph of the bone after healing, but only a blurred mass was observable about the neck, though the shaft of the femur was fairly well traced. The operator remarked that the tendons must be greatly ossified in consequence of age. I am more inclined to put it down to what Mr. Holthouse called "the exuberance of ossific deposit" which characterizes the union of these fractures (see Holmes' "System of Surgery," vol. iv. p. 602), and which may even have been increased by the symphytum.

I wish further to direct attention to the oil of hypericum as an external remedy. I have never met with any application at all to equal it in healing bed-sores. Even in very bad cases I have seen them heal under its use; and this case does not stand alone in my experience as an evidence of its value in relieving the aching of the bones resulting from long confinement to bed, an aching which is often an added weariness to those who are nearing the close of their earthly existence.

* Smith, "On Fractures," says in intra-capsular fractures the shortening is from half to three-quarters of an inch; in extra-capsular it may be as much as one-and-a-half to two inches.

CLINICAL REPERTORY AFTER DR. CIGLIANO'S PLAN.

By DR. EDWARD FORNIAS.

(Continued from page 323.)

DRAWING. 1. *ars., bell., caps., coloc., lach., lyc., mag-m., nat-c., nux-v., puls.* 2. *acon., agn., alum., ant-t., arg-n., cham., chin., cocc., colch., coni., dros., gran., hep., kreos., led., lob., mag-c., mag-s., mez., nat-m., nux-j., opi., plat., squil., staph., sulph., verat.*

Pr. drinking: caust., coni.

eating: caust.; supper: k-nit.

Q1. circumscribed — ***epigastrium**: baryt-c., ferr., hep., mang., polyp. (L. S.); **constrictive**: calc.; **paroxysmal**: rhodo.; on walking: bapt. — ***hypogastrium**: bell. (R. S.), canth., chin., coc-c., coloc., coni., sabad., thuj. (L. S.), valer., verat.; **extending** from R. to L. S.: calc-ph.; to middle of spine: plumb. — ***hypochondria**: berb., bryo., calc., camph., cupr., puls., sulph., teucr.; **left**: berb., carb-v., coloc., cupr. — ***upper part**: croc., hep., phos., tereb. (L. S.); **down**: k-nit. — ***lower part**: am-m., chel., dig., nit-ac., sep., zing.; **deep in**, and down right groin: baryt-c.; **downward**: zing.; toward lumbar muscles: agar.; from R. to L. S.: cocc.; **griping**: lyc.; during menstruation: mosch.; extending to small of back, before menses: carb-v.; labor-like, extending into thighs: nat-m.; as if menses would appear: phos., rhus; **tearing through**: spig.; before stool: zing. — ***umbilicus**: ign., rat.; early A. M.: acon. — ***umbilical region**: ars., coni., crot-t., mang., mez., nat-m., nux-v., rhus. — ***inguina**: aur., calc., k-carb., k-jod., merc., mez., ol-an., plat., thuja, valer.; in the glands: dulc., mez., thuj.; in both groins, as if menses would appear: plat.; **spasmodic**: chel. — ***sides**: ant-t. (L. then R. S.), am-m., camph., cup-ac., lyc., nat-c., paris, phos., ran-b., sep., staph.; extending downward: staph.; toward genitals: sabad. (R. S.); to middle of thigh: aloe.; griping, extending

to abd. ring: *nux-v.*; jerklike: plat.; pressive: phos.; rheumatic, when walking: angus. (R. S.). — ***L. S.**: acon., arg-n., ars., cupr., lyc., nat-c., nux-v., rhus, sep., staph., sulph. — ***R. S.**: acon., camph., cocc., cupr., laur., nat-c., nux-v., sabin., sep. — ***hip region**: nat-c.; > emission of flatus: sep. (R. S.). — ***iliac region**: stann. (R. S.). — ***integuments**: asaf., seneg., valer.; toward back: nitr.

compelling to walk bent forward: calc.

constrictive, in epig.: calc.

cutting: k-carb., sang.; with colic: cupr.

extending. — *from upper abd. to small of back: kreos. — *from lower abd. to middle of spine: plumb. — *from R. abd. ring to testicles, 4 P. M., during rest: arg. — ***across**, before stool: carb-v.; **through**, > open air: aloe.; when sitting, griping: asaf. — *from anus to umbilicus: lach. — ***back and forth**, before, and on first day of menses: caust. — ***deep in** and down to R. groin: baryt-c. — ***downward**, toward P. M.: zing.; toward groin, oppressive: arg-n.; to legs, paralytic: carb-v.; from sides: staph. — *from L. to R. hip-bone, and then to knee: cann-s., dulc. (L.). — ***inward**, griping: phos. — *from ovary to uterus: lach. — *from L. rib-region to groin: cup-ac. — *from sides, downward: staph.; to abd. ring, griping: *nux-v.*; to middle of thigh: aloe. — *from both sides to umbilicus, < stooping: acon. — *from R. to L. S.: zing.; in lower abd.: calc-ph., cocc. — *from R. S. toward genitals: sabad. — *into small of back, labor-like: tilia. — *into thighs, labor-like: nat-m. — ***through hypog. region** and groin to rectum, acute: stron.; through spermatic cords into testicles, tensive: *puls.* — ***transversely** through: staph.

griping: hyos. — *in lower abd.: lyc. — *in side of abd.: nux-v. — *ex-

tending from **sides** into **abd. ring** : *nux-v.*—*on **sitting down**, > lying down : *dios.*

painful in both groins, as if menses would appear : *plat.*

paroxysmal : *ferr.*—*in **epig.** : *rhodo.*

pressing : *sars.*; on **eating**, > after eating : *mang.*; during **menses** : *calc.*; in the **sides** : *phos.*

spasmodic, in both groins : *chel.*

tearing : *coloc.*, *nux-v.*—*through in **lower abd.** : *spig.*

tensive, like labor-pains : *puls.*; extending through **spermatic cords** into **testicles** : *puls.*

twisting : *caps.*; before emission of flatus : *nit-ac.*

wandering : *acon.*

Sm. as from **a bruise**, in R. S., when walking in open air : *angus.*

as from **diarrhea** : *verat.*; > by rumbling : *baryt-c.*

as from **flatus** : *ars.*, *bell.*

like false **labor-pains** : *k-carb.*

labor-like, **tensive** : *puls.*; in **lower abd.**, extending into thighs : *nat-m.*; extending into **small of back** : *tilia.*

as if **something were loose**, on motion : *mag-m.*

as before **menses** : *croc.*, *physo.*; in **lower abd.** : *phos.*, *rhus.*

as if **muscular fibers were tense** : *carb-v.*

Md. **eating**, > after eating, **pressing** : *mang.*

inspiring : *rhus.*

moving, evening : *bryo.*

sitting, on, > on lying down : *dios.*

walking : *coni.*; *chin.* (R. S.).

Cn. **chill** : *bov.*

constipation : *k-carb.*

diarrhea : *arg-n.*

gripping : *hyos.*—***across**, when sitting : *asaf.*—***internal** : *phos.*—*in the **sides** : *nux-v.*—*on **sitting down**, > lying down : *dios.*—*on **waking**, A. M. : *baryt-c.*

leucorrhœa : *sep.*

menses : *kreos.*, *plat.*, *stram.*, *sulph.*—*when in **lower abd.** : *mosch.*

Agg. **motion** : *jug-r.*

pressure : *clem.*; on **epig.** : *acon-f.*

sitting : *chin.*; on **sitting**, **gripping** : *dios.*

stooping, when from **sides** to **navel** : *acon.*

walking : *squil.*

Am. **open air**, when across through **abd.** : *aloe.*

emission of flatus, when in **hip-region** : *sep.*

eructations and rubbing, when in the **sides** : *phos.* (A. M.).

lying down, **gripping** : *dios.*

stroking : *sec.*

Tm. **morning**, on waking : *calc.*—*in the **sides**, > by eructation and rubbing with hands : *phos.*

afternoon : *grat.*

evening, on motion : *bryo.*; 7 P. M. : *zing.*

night : *graph.*, *zing.*; on **waking** : *mag-m.*

Sb. **diarrhea** : *cact.*

menses : *ign.*

stool : *nit-ac.*

DROPSY. v. *Ascites.*

(To be continued.)

MEDDLESOME MATTYS.

IS it to be wondered that so many physicians of to-day turn their backs upon the Trained Nurse and in her place accept the service of some careful, cleanly, and faithful woman who is willing to do the doctor's bidding? Is it not a very patent fact that in the majority of training schools the training all tends in one direction—that of surgical operations? And that to employ such graduate is to invite not alone numberless suggestions and innuendos in the physician's absence, but in many cases the dismissal of the practitioner himself who has so little use for the modern fads, and the introduction of the favorite physician of the nurse whose "toot" she is at all times. The day of ordinary treatment of the sick seems to be past—with these capped and gowned and embryo-doctors. Accustomed to the Reign of Blood in their two or three years of hospital training,

the tameness of an ordinary bloodless case is extremely irksome, and sooner or later opportunity will be found for introducing the knife in that family.

"Now, you are wasting time with your doctor," said a Trained Nurse the other day, to a patient in Cleveland who is under the care of a skillful physician: "what you need, and I am really and truly astonished that your doctor doesn't give it, is to have your womb scraped right down to the raw, and filled with iodoform gauze. That will keep you in bed two weeks at the most. After that you can let your doctor give you his medicines again and electrical treatment until you get perfectly well. I know all about this operation because I am nursing this class of cases right along for Dr. Scrapemout at the Misnamed Hospital."

A number of months ago a young woman of twenty-five, clerk in a large dry goods establishment, after having been for several months under the care of a non-cutting gynecologist for dysmenorrhea, happened to speak one day to a visiting friend of her trouble. Although her physician had measurably reduced the pains of the dysmenorrhea and had frequently caused several months to go by without any menstrual trouble, and never occasioned the young woman the loss of a single day from her work after the first three or four treatments, this meddlesome visitor persuaded a change of doctors, promising that in two weeks she would be a well woman. The change was made. The called-in gynecologist substantiated the visitor's promises. Chloroform was administered, thorough curettage was done, a trained nurse put in charge, and, *voilà!* there you are. That was very nearly a year ago. The young woman has never again for a single day been able to take her place in the store. It was months instead of weeks before she rose from her bed; and now she is dragging out an invalid's life in a country town forty miles away!

Yet ever and anon we are charged with attacking the gynecologists! No honorable man or woman in the gynecological specialty has any cause for complaint of what we have written. They *know* that these unwarranted operations are being done by those who care nothing for the patient who is under their temporary charge

except for the fee that can be squeezed out of poor shop-girls. There is an abundant field for the practice of honorable work in gynecology. But this damnable hacking and gouging and scouring and spaying by every upstart newly-baked graduate, and some that are older, must be stopped!

Globules.

A very common cause of pruritus ani is excessive smoking of tobacco or cigars.

About forty-eight thousand persons die every year in this country from typhoid fever.

Bilateral sciatic pains are nearly always due to locomotor ataxia; much more rarely to diabetes.

Daily inhalation for several months of large quantities of oxygen have proved curative in several diabetes cases.

Anchovy Sauce Sputum.—Sir Dyce Duckworth asserts that if the sputa in lobar pneumonia become of a uniform orange color, the patient will surely die.

Recent experiments upon dogs go to show that death by electricity is due to paralysis of the heart, owing to an enormous increase of blood pressure produced by contraction of the arteries.

Dr. D. A. MacLachlan announces the removal of his offices to Rooms 1301-4, The Majestic Building, Detroit. The doctor has a splendid location in a building that is truly well named.

Hirschfelder, in the latest volume of *International Clinics*, advises the use of salads in diabetic cases, to "cheat the stomach" with volume, and thus overcome the extreme feeling of hunger which the deprivation of bread is apt to produce.

"Leaves from an old notebook," printed on page 291 of the September 15 issue of the AMERICAN HOMEOPATHIST, should have been credited to Dr. Thomas T. McNish of Allegheny, Pa. Through an inadvertence the credit line was not affixed. The "leaves" are very good reading, and we hope to hear further from Dr. McNish along this same line.

Appendicitis, the very valuable contribution to the American Institute of Homeopathy at Buffalo by Dr. William B. Van Lennep, appears upon our table in reprint. The subject is an interesting one, and will be read with much interest by the surgical contingent of the profes-

sion. Those of us who are not surgeons may reserve our opinion. There is no doubt that in the one hundred and nineteen cases reported upon in this paper the author was eminently successful in his work. But the wonder assails a plain therapeutic specialist how it was possible to find so many cases of appendicitis.

The Missouri Valley Homeopathic Medical Association held its fourth annual session at Iowa City on September 28, 29, and 30. The printed programme shows forth the names of any number of homeopathic celebrities, who, if they all took part in the meetings, must have made it a most successful one.

On dit, that Professor Willis A. Dewey of the University of Michigan is at work during his summer vacation in Vermont on a book dealing with "Homeopathic Therapeutics." This will be good news to the general practitioners. His former manual, while a step in the right direction, does not go far enough. Dr. Dewey is a forceful writer and a good homeopath.

Part I. of a repertory to the "Cyclopedia of Drug Pathogenesis" has reached our table. It is the compilation of Dr. Richard Hughes, and comprises "Introduction—Nervous System—Head." A tremendous deal of work has been done to prepare this book, and upon the basis upon which it is constructed it is doubtlessly *au fait*. The Introduction speaks of the reasons for omitting Hahnemann's M. M. P., Ch. Diseases, and Frag. de Viribus from the "Cyclopedia," and now includes them in this repertory.

That is a queer arraying of the devil in the livery of heaven which has appeared in the form of a pretended medical magazine published in a Western city and devoted to mongrelism of the first magnitude. A homeopath's name litters the title page as editor, but a careful running through of the magazine shows that it is nothing but an anchor to the windward for a Western homeopathic (?) pharmacy. By omitting any reference to the ominous children-alarming word *Homeopathy* in its title, and, as a rule, also, in its pages, there is apparently entertained the hope that it may catch a few gudgeons of the other schools. Necessarily a "journal" of this hit-or-miss order has no opinion, and the putative editor might just as well leave his name off the cover page. We expect now, very soon, to see the statement published by this pharmaceutical trade journal that it has the largest circulation of any journal in the homeopathic ranks. Which reminds us to say that its prototype in this peculiar order of homeopathy at St. Louis has apparently ceased its publication, since, from receiving two and three "sample copies" every month for several years, we have not latterly received any.

A National Sanitarium for Consumptives has been opened in Ontario, with 100 beds.

By the death of Mrs. W. S. P. Field of Philadelphia, the trustees of the University of Pennsylvania will receive \$80,000 for beds in the hospital.

The State Board of Health of Kentucky has pursued a relentless war against all forms of irregular medicine in that State, and has thoroughly purged the State of all crooked practitioners.

Dr. M. R. Faulkner, Vineland, N. J., has received an appointment from Washington as pension examiner, to fill the position on the Cumberland County Board made vacant by the death of Dr. Wiley. This, we believe, is the first appointment of a homeopath as an examining surgeon for the Pension Bureau.

Of the many sanitariums for the treatment of mental and nervous diseases, that of Dr. Givens at Stamford, Conn., possesses unexceptional advantages. Built on the cottage plan, nervous and mental patients can be more satisfactorily cared for than on the old plan of many under one roof; and the doctor is fortunate in having a location so accessible to New York and in such close proximity to the seashore.

Sanguinaria canad. is an excellent remedy in car- and sea-sickness. About five drops of the tincture should be taken several times a day before embarking, and every half hour directly after starting. *Cocculus* is often useful, sometimes *arnica*.—*Ex.*

We clip the foregoing from a homeopathic journal which has a good standing with the profession. We would like to have the astute editor inform us if this is homeopathy? Suppose for a moment that a young medical man, or one at sea, in both senses, were to pin his faith to this declaration, and then, as would doubtless happen, it failed absolutely of effect, what will be thought of the aforesaid editor and the homeopathic practice? Is it at all wonderful that well-meaning revisers of our *materia medica* find so much fault with the efficacy of our remedies when responsible editors, and presumably good homeopaths, fill their journals with disjointed symptoms of the above quoted order? This is the crassest of allopathy—this treating the name of a disease. If A does no good, try B; if that also prove ineffective, then take C, D, E, F, and so on down to the end of the homeopathic alphabet, or so long as the trusting patient permits you to try to cure his seasickness, while during all this time you are forgetting your patient, who must be regarded and treated as a whole—with seasickness only an incidental condition.

The value of Antikamnia consists in its rapid effect in alleviating the suffering of the patient while other treatment is working a cure.

John A. Creighton, the millionaire of Nebraska, has just presented a new building to the medical school that bears his name at Omaha.

The following case of ulnar paralysis, which was recently observed in a Philadelphia clinic for nervous diseases, is interesting, as showing the necessity of obtaining all the important facts in a case before making a diagnosis.

The man was a sign painter, and, of course, used lead in his work. He stated that he employed the right hand for fine work, and the left when he had large surfaces to cover. He presented distinctly a partially developed claw hand on the left side, and the ring and little fingers were more flexed than the other fingers of the same hand, except at the metacarpophalangeal articulation, where they were slightly hyperextended. Much weakness was manifested in separating and bringing together the fingers of the left hand, and in adduction of the thumb. Sensation was decidedly affected in the distribution of the ulnar nerve on the palmar and dorsal aspects of the hand. The electric reactions were normal.

The patient stated that he had had cramps in the abdominal region, and had suffered from headache for some time.

It was natural, therefore, that a suspicion of lead as a causal factor in this case should be entertained, although the ulnar nerve is not the one usually affected by lead. The clinician, however, must always be prepared for the unexpected. It was also striking that only one hand was paretic, though this unilateral involvement is not unknown in lead palsy. No blue line could be found on the gums, but even the absence of this would not exclude the presence of lead. Further inquiries were made, in the hope of ascertaining the true ætiology of the case, and it was learned that the man had only been a painter for a month. Lead palsy developing in as short a time as this would show an extraordinary predisposition on the part of the patient. After repeating questioning, the information was elicited that the patient had struck his elbow a few days previously, though he did not seem to consider this of any importance, even though the palsy developed a day or two later.

It was probable, therefore, that this was a case of traumatic ulnar paralysis, and, notwithstanding certain statements which seemed to indicate that the palsy was due to lead, a careful consideration of all the details made this ætiology unlikely.

Says the Cleveland Leader: A marriage license has been issued at Bellefonte, Pa., to Paul Getter and Annie Haver. Her last name wasn't just the right gender, but Paul had to Haver Anniehow.

And so Dr. Cutting, the eminent appendicitis expert, is dead? Dear, dear, that's a severe loss to the community, what was the matter with him? He swallowed a peach stone, and it got stuck somewhere.

Circulation.—It has been calculated that, assuming the heart beats 69 times a minute at ordinary heart pressure, the blood goes at a rate of 270 yards in a minute, or 7 miles an hour, 168 miles a day and 61,320 miles a year.—No other circulation equals this except it be that of the AMERICAN HOMEOPATHIST.

By direction of Congress, the Department of Agriculture at Washington is investigating the character and extent of the adulteration of foods and drugs.

As physicians are largely interested in this matter, it is thought proper to ask their co-operation in securing accurate information on the subject. The Department desires a concise statement of facts, which can be fully substantiated if necessary. Communications should be addressed to A. J. Wedderburn, Special Agent.

A correspondent of the manufacturer of Imperial Granum says: "I have received the 'Nursing World Clinical Records' and samples, although it was unnecessary to send the latter to acquaint me with its value, as we have a living example in our only son of the worth of Imperial Granum, and I have prescribed it constantly for eleven years, always with the very best results." Clinical Records and samples of this celebrated food free, charges prepaid, on application to John Carle & Sons, 153 Water St., New York.

In a current issue of our esteemed contemporary, the New York *Medical Times* we find a learned paper on "Polymorphism of Tuberculosis and Polymorphous Microbes in Chronic Diseases" which is a wonderful mosaic of big words. Wonder what the poor compositor and proofreader said at frequent intervals while putting this segment of sesquipedalian English (?) into cold type and revising it. And how many medical men of to-day will read it? Does this kind of knowledge go with a better ability to cure the curable ailments of poor human kind?

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The American Homeopathist.

NEW YORK, NOVEMBER 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



FRITZ C. ASKENSTEDT, M. D.,
Louisville, Ky.,

*Professor Microscopy, Histology, and Bacteriology in
Southwestern Homeopathic College.*

AS TO PIE AND GRATITUDE.

HAVING waited with bated breath for that ten-cent-special-delivery letter from the 'steamed editor of the *Medical Era* asking for the information which we, in a former editorial, offered to supply, and the same, the said letter, not appearing even unto this moment of writing, we again take our pen in hand, hoping that these few lines will find him enjoying the same

blessing. As⁷ he, this editor, is probably too busy with his round-about methods, we will help to clear up his doubt in a FINAL editorial—the present. First, here is a copy of one of the latest letters *de cachet* which this Second Vice President of the American Institute of Homeopathy has been sending to Institute members, but *not* to the Recording Secretary (ourselves), who alone, of all his possible correspondents, could best answer the anxious questions:

CH. GATCHELL, M. D.,
162 Thirteenth Street.

CHICAGO, October 4, 1897.

DEAR DR. ———.

Will you kindly give me the following information? Were you present at the meeting in the Section in Pedology of the Am. Inst. at Buffalo?

During the session of this section, did you see any reporter, or any person who might be a stenographer (aside from the official stenographer) who seemed to be engaged in the task of taking notes of the papers that were read?

If any reporter had been present so doing, do you think that the fact would have escaped your observation?

A reply will greatly oblige,

1 Fraternally,
CH. GATCHELL.

On a little slip of paper fastened to this letter, and in the handwriting of the *Era* editor, was the following:

DEAR ———.

I have got to have all my evidence in shape—
so as not to get tripped. GATCHELL.

*
*
*

WHEN we learned, early in the year, that the *Era* had asked the chiefs of the Pedology Section of the Institute for the exclusive right to publish all its papers, promising among other things to have a stenographer present at its own expense to report the discussions, we believed the time had come to remove some restrictions we had put upon ourselves, since our election to the Recording Secretaryship, regarding the use of Institute information and papers. We had correspondence with some of the leading editors of the homeopathic press, reciting the "grab-all" policy of the *Era*, asking coun-

cel. It was given in such form of encouragement that we had the following letter written and mailed to every member of every section of the Institute.

(Letter read of the editor of *The American Homeopathist*.)

CLEVELAND, April 28, 1897.

MY DEAR DR. ———,

May I have a copy of your Institute paper for publication, provided the copying be done at my expense and without inconvenience to yourself in any way? Or, if you have already given, or promised copies to other journals, will you have any objections if extracts and running-statements be made from your paper after it is presented to the Institute? If any illustrations go with the paper I will see to it that they are properly placed, and, in fact, that the whole paper or extracts are neatly and advantageously presented. Please answer as promptly as convenient, and greatly oblige,

Yours truly,

FRANK KRAEPI, M. D.

* *

THE answers to these letters are on file and will show that, with but a few exceptions (and these mainly in the Pedological Section), for reasons which we *may* be tempted at some later day to publish, the requested permission was granted. Not one of these papers is missing from the record of the Institute. Not one was out of the possession of the Institute. No author of any of these papers was put to a moment's inconvenience, or to a cent of cost because of any copying and printing. No section was delayed or embarrassed in the slightest degree thereby, neither did the Recording Secretary receive one penny from any journal in which such papers or abstract appeared. No journal applying for copies of papers or discussion was *ever* refused that courtesy during the several years of our incumbency. Cite us one instance to the contrary. ———

* *

AT the conclusion of the sessions of the Pedological Section at Buffalo, the *Era* secretly approached the Institute stenographer, one of our paid assistants, who had taken the discussions, and offered HIM money for a copy of those discussions! The answer given was, *of course*, that this could not be done without consultation with the proper officer of the Institute. Then, as now, the *Era* did not come to us, the proper party, to get what it wanted, but resorted to its peculiar secret service, Sherlock-Holmes tactics. A straightforward request where there had never been a refusal, and where no refusal need be anticipated, would have been too easy! However, when this special assistant-stenographer had completed his transcript of the discussions of the Pedological Section, we revised the copy, and in person handed it to a representative of the *Era*—without a penny's cost to the


Era. And that copy is the one which appeared later in that journal. For this courtesy on our part, and copies of other papers which did not reach the Recording Secretary until the adjournment *sine die* of the Institute and whose absence would, therefore, have made the *Era*'s publication incomplete,—for these favors, the said editor of the said *Era* has written us several letters inclosing his thanks, his gratitude, and an offer of reciprocation of favors on first opportunity! He has already begun his reciprocation! In fine, the discussions published in the *Era*, without credit, were reported by an Institute stenographer, were paid for by the Institute, were revised by an Institute-paid official, and by that trust-violating official presented to the *Era* for its use, without cost to the *Era*. That is why the *Era* editor did not deem it necessary or wise to write to us for the information which he has so laboriously sought at the back-door of the membership. Namely, how other journals than the *Era* secured papers and discussions.

* *

WHAT, then, is the trouble? This: Although the *Era* had possession of all the Pedological papers before they were presented to the Institute and had put some of them in type; although it published every one thereof as it had intended to do; although it had received every word of the discussions as reported by the official stenographer (and for which it had paid nothing); in short, although it had been able to do all it had proposed to do with its Pedological Section, and not hindered in any way, shape, or form, it "kicks" because the Recording Secretary (ourself, again, now serving our last term) did not deem it his duty to confine his giving of Institute favors all to one journal—the *Medical Era*! That's where the trouble lies—and nowhere else! Other of the homeopathic journals were also favored and in each case without cost to them. Up to this moment, we have had but one complaint from any member of the Institute because of the publication of his paper, and that, as appeared later, was an innocent misreading of a written permission. If there are any others they have not made themselves known. So long as the *Era* believed that our wrongdoing was in its sole behalf and behoof, and at the expense of all the other homeopathic journals, it was grateful. It was a question of pie. The *Medical Era* had had all the pie it had asked for, and could hold, but it objected to anybody else having pie!

* *

NOW as to the animus. Animus? Why, bless your innocent hearts, there just aint any any-muss. Not an animus anywhere. Not a bit of it. This Indian warfare by one grateful

editor and Institute official upon another editor and friendly Institute official is merely one of the well-known pleasantries of the *Era* editor, in order to increase the *Era's* circulation. It is of the usual theatrical variety, the loss of the preemaw-donny's diamonds, or the application for divorce. It is an anchor to the business-windward. Sir? well, it may seem a little oblique to some members of the Institute; but, pray, what other motive could a recipient of a large favor have for biting the hand which bestowed it? Yes, we admit it would be considerable of a strain to associate any of the other homeopathic editors, whether they had or had not profited by our official malfeasance as hereinbefore recited, with the form of gratefulness adopted by the *Era* and its editor. But it is peculiarities that makes genius. 

* *

NOW it may be true, as has been recently intimated to us by fearful friends, that the grateful editor of the *Era* is after our "official scalp." That is a very natural corollary to the mode of warfare pursued! That at Omaha, which is in the West, this grateful Western editor, Western gentleman, and Second Vice President of the American Institute of Homeopathy, is so sure of his prowess and Western influence, that under his whip and spur the Great West will rise as one man, carry him, the said fair-play loving editor, into the presidential office amid loud acclaim, and we—poor we!—will be cast out, utterly done up, and returned to private life mutilated as with brass knuckles! Perhaps! But our successor in office, who is a diligent reader of the AMERICAN HOMEOPATHIST, after noting the reward meted out by the *Era*, will take due notice and govern himself accordingly, lest he fall into the consuming wrath of the other American homeopathic journals!

* *

THIS is naught but a journal fight, and the Institute proper ought not to be dragooned into taking part therein. But, of course, it may. If it does—if it permits itself to be made the instrument of wrath of any one journal, and on the basis hereinbefore recited, then we have done. It is in no sense of boast or threat that we declare that so long as we remain in office in the Institute, no one journal will be the Institute's mouthpiece. That is our platform. Upon that we have stood. And upon that we would, if need be, go down!

In an exchange appears an article on American Academy of Railway Whooping Cough Treated with Sulphate of Quinine, Resorcin and Sugar. What is railway whooping-cough?

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Boracic Acid Poisoning by Absorption.—Dr. A. G. Hall²⁷ describes the cutaneous manifestations produced by the absorption of boracic acid when absorbed from surgical dressings. In one fatal case, boracic acid had been used to dress extensive burns of the trunk and limbs of a boy of eight. Four days later a rash appeared all over the body and limbs. It was of a bright scarlet color, erythematous, punctiform in places, in others running into irregular patches, giving a mottled appearance to the skin. The palms and soles were intensely red, looking as though they had been painted over with red paint. At the edges of the burns the erythema was well marked. There was no sore throat, no catarrh, the tongue was dry and glazed; temperature 102°. No medicine was being taken internally, and the wounds seemed perfectly healthy. I was asked to say whether the case was one of scarlatina or not. I did not think that it was for the following reasons: (1) There was no sore throat; (2) the temperature had not suddenly risen; (3) there had been no vomiting or rigor; (4) the intensity of the rash at its onset. I thought it was possibly a quinine rash, and made careful inquiries as to drugs, but, as I told you before, with negative results. The boy got steadily worse, the rash became more vivid, the temperature fell, the conjunctiva became inflamed and covered with secretion, and the boy died semi-delirious on September 9. An autopsy was made the next day, and nothing abnormal found except a few petechiæ at the pylorus and a commencing duodenal ulcer. The recorded history of similar cases, and subsequent cases in his own experience, in which boracic acid was found in the urine, prove the source of the poison in this case.

Borax IN LEUCORRHEA.¹⁴—A victim of leucorrhœa of a year's standing, who had endured a long course of tampons and douches without relief, presented herself to Dr. Wilson

A. Smith last spring. It had been diagnosed areolar hyperplasia and ulceration of the cervix. An examination presented a red, inflamed mucous membrane, partly covered with a secretion resembling the white of an egg. She said that it made her sore, and that she was worse just before and after the menstrual flux. It was accompanied with a sensation as of a hot fluid running down the thighs, and she complained of a sticking pain in the clitoris at night. The menses were too soon and too profuse, although she never thought of them as being like a flooding. She was exhausted during the flow.

The guiding symptom in this case was the stitch in the clitoris at night, a characteristic of borax. Upon searching all the other symptoms were found under this drug, and she was cured with but five powders of the medicine, and, strange as it may appear, was cured to stay cured. Nearly four months have elapsed and not a single appearance of a discharge except the normal menstrual flow has been noticed since that date.

Dr. Smith concludes that in gathering symptoms it is not enough to find that the patient is despondent, but when; that she has leucorrhea, but of what kind; that she has a discharge, but when it is aggravated; and when all these things are found out then we can select the remedy which will do the patient good, and the doctor also.

Syzygium Jambolanum IN DIABETES.⁸⁷—

In the experiments made by various observers, the action of this plant has been shown in the most marked manner. In dogs in which the pancreas had been removed the quantity of sugar diminished notably under the influence of the liquid extract of this plant. Before the treatment the quantity of sugar was 7.27 per cent., and five days after the treatment was begun the quantity had fallen to 3.65 per cent.; furthermore, even after the complete suspension of the treatment, the quantity of sugar never returned to the former number and varied between 6.15 per cent. and 2.8 per cent.

Hildenbrandt, who sought the cause of this diminution, reached the conclusion that the *syzygium jambolanum* diminished the formation of the sugar at the expense of the starchy sub-

stances in the gastro-intestinal canal and of the glycogen in the tissues.

Posner and Epenstein report three cases in which this treatment diminished the quantity of sugar, ameliorated the general condition, and retarded the decrease in weight.

Raimondi, Rossi, Vix, and Grasset also obtained very satisfying results with this plant. Lenné, on the contrary, obtained no favorable results; in five cases he administered 150 grains of the powder of the fruit and never observed the least favorable action; moreover, in one case the powder had the effect of aggravating the condition of the patient, who improved as soon as the treatment was suspended. According to Levascheff, however, if Lenné had continued the treatment a sufficient length of time, he would have obtained brilliant results. A close examination of the observations of the former, says the writer, shows that the sugar always had a tendency to diminish in quantity.

In criticising afterward the different arguments on which Lenné based his opinions regarding the inefficacy or the danger of this treatment, Levascheff insisted that the diminution of the appetite observed by Lenné in his patients, far from being an inconvenience, was, on the contrary, a very favorable symptom, indicating a useful therapeutic effect.

Gologanti obtained absolutely favorable results, and reached the conclusion from his experience in four cases that the *syzygium jambolanum* must contain an active principle, not very stable, which might be, perhaps, a glycoside, the antizymotic action of which must arrest the formation of the sugar in the organism and weaken the glycolytic ferments.

If the results obtained by the European physicians, says the writer, are different from those obtained by the Indian physicians, it depends, according to Levascheff, on the one hand, upon the variety of the forms of diabetes, and, on the other hand, upon the quality and the freshness of the medicinal preparation.

Picric Acid IN ECZEMA.—M. A. Brousse⁸⁷ remarks that the kerato-plastic property of picric acid, which has been successfully used in burns, seems to indicate that its employment is proper in the treatment of eczema, certain forms of which present great analogies to superficial burns.

In 1889, he says, Cérasi employed this drug in seven cases of eczema with excellent results. Dr. McLennan of Glasgow was also very successful in the treatment of acute eczema and eczema of the face with this drug, which he used in a saturated solution. The author himself has obtained rapid recovery in several cases in which he has employed this treatment, the histories of which are given in detail. In cases of lichenoid eczema with a thick epidermis the acid was useless, but in acute oozing eczema accompanied by œdema of the skin it was very useful. Under its influence in one case recovery was obtained in two weeks; in another case, in ten days.

Among the advantages of this treatment are immediate relief produced by the application of the picric-acid solution and the disappearance of the pain, heat, and itching; the rapidity with which œdematous tumefaction is effaced; and the absolute painlessness of the dressing, even when it is applied to the bare surface of the derma. According to the opinion of the most competent observers, the extensive application of this drug does not give rise to any symptoms of poisoning. Not only is it useful in acute eczema, but it is also useful in the acute attacks of chronic eczema which are so frequent in arthritics, particularly if they are accompanied by oozing and ulceration of the skin; it is equally useful in the seborrhœic eczema of infancy. The author therefore concludes that this treatment is indicated as follows: 1. In acute eczema. 2. In the acute attacks of chronic eczema, particularly if there is a tendency to oozing and ulceration of the skin. 3. In the seborrhœic eczema (impetiginous) of infancy. This treatment, he says, is contraindicated in chronic eczema and generally in all those forms of eczema which are accompanied by a thickening of the epidermis (lichenoid eczema). Nevertheless, it has the advantage, even in these cases, of allaying the itching.

The United States Government has added to its quarantine regulations the use of formaldehyde gas in disinfection.

England is asking for a Department of Public Health, to be under charge of a responsible minister with a seat in Parliament.

THE CONDUCT OF TYPHOID FEVER.*

By A. M. LANN, M. D., Des Moines, Ia.

THE treatment of typhoid fever falls easily into three divisions: preventive, abortive, and remedial.

The preventive treatment relates to the avoidance of the disease, and obtains, properly, under the head of hygiene.

In the light of our present knowledge no one questions that infection with the germ, the "Bacillus Typhoses," is the chief cause of typhoid fever. Collated data are marshaled in evidence until no other conclusion is tenable.

The foul air from sewers laden with effluvia of decaying matter may infect those inhaling it, particularly in crowded or illy ventilated buildings. Infection sometimes occurs also in persons residing near where there is newly turned soil over considerable areas.

"In fact it may safely be assumed that the conditions which are favorable to the development of putrid posion are also favorable to the development of an active typhoid fever poison." *Vide Med. Cent.*, October, 1894.

The chief sources of contagion are drinking-water and milk. Hygiene, pushed to its ultimate, should limit, theoretically at least, the typhoid contagion to a minimum, and in favorable conditions largely suppress it.

Frequent tests should be made of all water and dairy supplies by an efficient health department in all our cities, with constant inspection of plumbing of public buildings and private residences; a radical and much needed change would be required in the disposal of all sewage. No city should be allowed to pollute and poison the rivers and streams by draining its sewers into them. Not infrequently the waters thus polluted are gathered through mains to supply other cities but a short distance below the source of pollution. This is a serious and lamentable fact not at all to the credit of intelligent people. Endemics of typhoid fever, comprising hundreds of cases, have resulted, not infrequently, from this course.

Moisture and warmth are necessary to the proper development of disease germs. These

* Read before the American Institute of Homeopathy at Buffalo, New York, 1897.

are just the elements supplied, when the dejecta are thrown into the city sewers. I speak with profound conviction of its importance, when I say that every ounce of solid excrement should be burned; no iota of this material should ever find its way into our water courses. Medical literature is replete with accounts of endemics of typhoid fever developed by this means. The prevention lies in the avoidance of the cause. With a sublime disregard for the rights of others, we poison the water courses of our land by emptying into them the sewage of cities, with all its disease germs, filth, and nastiness. The dejecta of all typhoid patients should at once be rendered harmless by the addition of powerful germicides, and consigned to the fire. It is not estimating our loss too largely to say approximately fifty thousand lives are lost annually in the United States from typhoid fever. The largest fatality is between the ages of twelve and thirty years. Can it be counted less than a crime, with which cities are justly chargeable, that a large percentage of these useful lives are lost to the state by the carelessness in the disposal of sewage?

Dr. Orne says (*vide Report Amer. Inst.*, 1894): "Up with that greatest of sanitary institutions, the crematory," and further remarks, "The greatest need throughout our nation in the way of sanitation is a system of cremation." To this sentiment the profession is according a hearty amen.

That remedies are capable of aborting typhoid fever is not yet generally accepted by the majority of the profession.

Physicians accept the usual teachings of the books relative thereto and devote their energies to a safe conduct of their cases, trusting to time and the *vis medicatrix nature* to cure their patients.

Jenner is credited with the assertion that no case of typhoid fever is ever aborted. It may have been true in the times when he wrote, but it is not true in this day of enlightened treatment of disease; we are yet groping toward the light. All of us have had experiences which warrant the assertion that, under proper treatment, attacks of typhoid fever are sometimes aborted. Again, cases are rendered so mild as to largely eliminate the graver symptoms. I have no question but proper treatment applied early

would abort many cases, and other cases which promise to be serious are rendered mild and tractable.

In a scholarly article on enteric fever ("American System of Practical Medicine") Dr. J. C. Wilson gives little credit to the remedial treatment of typhoid fever. Writing in a vein which largely discredits the efficiency of remedies, he says, "Rest in bed, skilled nursing, and a carefully regulated dietary, comprise all that is necessary in the management of the case." Cases treated with so-called fever mixtures, or with small doses of quinine, the mineral acids, turpentine, silver nitrate, or other drugs that have no effect upon the course of the disease must be regarded as managed in accordance with expectant method. "Fortunately such medicaments are usually well tolerated by the patient." While undoubtedly voicing the most advanced views of this school of practice, he also reveals at the same time the almost total hopelessness of deriving efficient help from remedies in the treatment of typhoid fever.

In an article read before this Institute (*vide Report for 1895*), the chairman of this Section asserts that cases under his care were aborted and cut short by accurate treatment. One instance in the experience of the writer warrants mention; five cases of the fever occurred in one household. The first one was quite severe, while the other four were so mild as to be about the house all the while, and could properly be called "ambulatory" cases. An occasional case of walking typhoid occurs in the experience of every physician, but to have four out of five cases rendered so light is sufficient warrant for giving large credit to the remedies employed. That typhoid fever may be and is aborted by proper treatment is stoutly maintained by Dr. A. P. Hanchett (*vide Med. Cent.*, October, 1894), and the same position is taken by Dr. M. R. Barker in his discussion of treatment of typhoid fever. In a somewhat pretentious work recently published ("Typhoid Fever and its Abortive Treatment"), Dr. Woodhridge stoutly maintains his ability to abort typhoid fever. His method consists in the free internal use of antiseptics, frequently administered. By this means he aims to keep the intestinal tract well filled with germicidal agents—in other words he proposes that the

intestinal tract shall be an unsuitable habitat for the typhoid germ. With the firm conviction that he is the discoverer of a great truth, he may have largely magnified its curative value. He, however, is not alone in entertaining this conviction, as quite a respectable number of experienced physicians have reported the same excellent results after using his method of treatment. Dr. Woodbridge maintains that he not only limits his cases of typhoid fever to a brief run of fifteen days, but he renders them so mild as to eliminate every element of danger. He asserts that no case of typhoid fever, uncomplicated, should die. In the light of our accepted teachings, these statements are radical, and the claims little less than preposterous. The mortality rate in hospital practice ranges from seven to fifteen per cent. The Brand system of hydropathic treatment would perhaps reduce this in favorable conditions. Accurately tabulated data are wanting to show the best results by our homeopathic method of treatment. No one who has treated his cases, accurately affiliating his remedies according to the homeopathic law of cure, can doubt their efficacy in the treatment of typhoid fever. I give large credit to the assertion of Dr. Mitchell (*vide Med. Cent.*, 1894) that "the mortality under judicious homeopathic treatment should be almost *nil*, except of course in epidemics characterized by special malignancy."

None of the different schools, so far, have more than approximately attained the good results claimed for the abortive treatment by its adherents. To assert boldly that no uncomplicated case of typhoid fever should ever be lost, and lay open claim that the statistics at hand demonstrate this fact, is little less than startling. We should be receptive to the truth from whatever source it comes. Dr. Wilson (*vide "Amer. System of Practical Medicine"*) fails to dignify, even by mention, the abortive method of Dr. Woodbridge; and Dr. Mitchell, above quoted, evidently referring to this treatment, declares that "Intestinal antiseptics by the use of drugs does not seem rational nor has it yet proven effective."

Nevertheless, every candid physician, in unprejudiced fashion, should make careful investigation of the claim set forth so vigorously by

adherents of the Woodbridge method and garner whatever of good it may contain. From all the amplitudes of claims put forth, there may come something of good for our typhoid patients. The proper conduct of typhoid fever, to secure the best results, requires attention and surroundings which often cannot be commanded. A large, well-lighted, and well-ventilated upper chamber should be used. All useless furnishings should be removed. Perfect rest should be maintained. Good nursing is imperative and the best service required. Absolute quiet should be secured if possible. Cases cannot rest well in juxtaposition to a machine shop. One case under my observation was rendered almost frantic by low tones in conversation. No one but the nurse and physician should be admitted in severe cases to the sick room.

The proper diet for typhoid patients is a mooted question. From a most rigid adherence to milk as prescribed by some, the dietary varies even to the most liberal menu prescribed by Dr. O. W. Carlson (*vide Med. Cent.*, November, 1896). The consensus of opinion among physicians generally is that milk constitutes the ideal diet in typhoid fever. Water may usually be given freely, though in limited quantities at each time. Water which is suspected of containing typhoid germs should be thoroughly boiled before using. Considerable latitude in the use of liquid diet may be observed.

Kumyss and buttermilk are sometimes grateful. Peptonized milk may be tried and malted milk is useful, but no solid food whatever should be given until at least one week after convalescence is established.

If there is a tendency toward costiveness, the bowels should be relieved by a tepid enema, as often as every two or three days. All dejections from the bowels should be thoroughly disinfected by some active germicide.

Rectal colon flushings are advised by Mitchell and also by Wescott, and opposed by Wesselhoeft. This is one of those important expedients in typhoid fever concerning which the doctors disagree. A safe line of conduct is found in a studied conservatism. Every source of irritation to the patient and meddlesome attention to the bowels should be avoided. Nature is conserving some good purpose under

a dormant peristalsis. Secretions too long retained may be no more injurious than too active evacuations under the stimulus of copious colon flushings.

These also may be provocative of intestinal hemorrhages, a complication to be studiously avoided. During his first twelve years experience, the writer lost but one patient with typhoid fever. Very soon after this period two cases went off, within four days, with hemorrhages from the bowels. This is one of the most serious of complications liable to arise in cases of typhoid fever. The life current drains away through this hidden lesion of the bowels, and no adequate means are available to check the loss. In the light of our present knowledge, it is not putting the statement too strongly to assert that such results should rarely occur. It is possible for any physician, with a very simple apparatus, to re-enforce the ebbing circulation by the intravenous injection of a saline solution. This will unquestionably, in the future, be the means of saving life in a large percentage of such cases. The truth of this assertion is, at least partly, demonstrated by experience, and further confirmation by analogy. Of four cases so treated of which the writer has personal knowledge, three were saved by the use of these injections. The solution replenishes the exhausted circulation, restores the sinking vitality, and renews the patient's hold of life. Considerable attention has, of late, been given to this subject, especially in treatment of surgical shock, and cases reduced by exhausting hemorrhages. Intravenous injections were used during the cholera epidemic in England in 1832. It was believed that the injections would largely supply the drain of the circulation through the intestinal vessels. However, the results were scarcely beneficial. Again in 1848 the effort was made, with somewhat more promising results, and yet again in 1867, with increased advantage, doubtless due to the improved technique, and the character of the injections used (*vide* Pepper, vol. i. p. 768).

Several authorities, including the new "Homeopathic Text-book of Surgery," and Weyth, speak of the use of intravenous injections in shock and after exhausting hemorrhages. Others also speak of the advantages of their use in

depletion from menorrhagia. In an interesting article on this subject (*vide Med. Cen.*, 1896) Dr. Geo. F. Shears advocates its use, and cites a number of cases in which it was given with advantage. In Des Moines it has been successfully used in *post-partum* hemorrhages, as well as the hemorrhage from typhoid fever. It was used successfully in three or four cases of typhoid fever, all of which would probably have proven fatal without it. The technique of the operation is very simple. My apparatus consists of a two-quart fountain syringe, a glass tube drawn to a fine point, and an ordinary dairy thermometer.

By substituting for the tube a large needle, the solution may be introduced into the subcutaneous cellular tissue, in cases where it is deemed advisable. The amount of injection may vary from a pint to two quarts; it should be given until the patient rallies, and until the pulse becomes full and regular. The solution should be injected at a temperature ranging from 102° to 105°.

Dr. Wilson maintains that the saline solution, in amounts from four to five ounces, "should in grave cases be introduced by hypodermoclysis at from two or four different points, and repeated as required." He thinks that in this manner it is both safer and more effective.

The same method of injection was suggested in 1892 for the purpose of supplying the loss to the system in cases of *post-partum* hemorrhages (*vide* Leavitt's "System of Obstetrics"). Also in an interesting discussion before this Institute (See Report, 1895) Dr. Walton advocated the injection of as much as one pint into the cellular tissue on anterior aspect of the thigh in some cases. Judging from the decided advantage of the saline solution in analogous conditions and the favorable results attained in the instances cited, we have every reason to expect a large saving of life from its general use. The simplicity of the technique makes it possible for any physician to use it.

It is only the purpose of this paper to mention these salient features in the treatment of typhoid fever and particularly to call attention to the following points:

1st. The necessity of united and vigorous

condemnation of the vicious policy of emptying sewers into the water courses.

2d. The advantage in saving life and conserving public health of a thorough system of cremation of refuse and solid excrement.

3d. The thorough and systematic study of methods for aborting typhoid fever.

4th. The study of homeopathic remedies and their power to lessen the term of the disease.

5th. The tabulation of the results under the use of homeopathic treatment.

6th. A serious study of the value of "colon flushings" in typhoid.

7th. A study of means for controlling hemorrhages from the bowels.

8th. The value of intravenous injections in supplying the blood loss.

9th. Comparative value of intravenous and subcutaneous injections of saline solution.

TELLURIUM.*

TELLURIUM always comes with gold.

Aurum is compared to the sun.

Tellurium is compared to the earth.

Selenium is compared to the moon.

Tellurium will probably be the best medicine for the destruction of worms, perhaps also of trichinæ.

There is vertigo while going to sleep; in epilepsy.

Tension in scalp on left side, better lying on affected side.

Itching on scalp, red spots and blisters on occiput, behind the ears. Turning in of eyelashes. (Edematous inflammation with itching of the eyelid.

From the ears there is an acrid discharge: profuse bleeding of the ear. Boy was deaf with purulent discharge, bleeding profusely; whole ear shining, looked as if water-soaked.

Face twitching on the left side; left corner of the mouth drawn upward, particularly while talking.

There is profuse bleeding of the gums (fore-runner in yellow fever). Teeth filled with gold begin to ache. Tongue furred whitish and indented by the teeth as in *taraxacum*, and other remedies. Also, mapped tongue. Tongue

looks as if it had ring-worms. It also produces a tongue which resembles the mercurial tongue.

There is hawking in the morning from choanæ. Pain in the throat extends into the ears.

[NOTE.—Always inquire of a patient what he likes or dislikes; what agrees or disagrees with him. Longing for a glass of beer in the middle of the night calls for *nux*, he must eat an apple calls for *ant. tart.*, although *ant. crud.* is somewhat similar.]

Larynx: Hoarseness in morning with fluent coryza: tickling sensation in larynx. Coughing or laughing increases the pain in the back. There is cough in the morning. Pain in region of the collar-bone. Pain in dorsal vertebrae and through into the chest. Shooting in left chest at fifth rib. Pain in the middle of the chest through to the back. Cutting on the left nipple around and through to left shoulder. Lying on back relieves as it does in *pulsatilla*.

There is palpitation of the heart when lying on left side as in *nat. carb.*, *phos.*, *graph.*, *sulph.*, and *puls*.

The fear of being touched when persons approach, came on two months after taking the tellurium, and lasted two months.

One class of symptoms of tellurium seems to radiate and another class runs parallel.

In the fever certain spots perspire and itch. There is a weak feeling in the back all day.

In the upper limbs there is a disagreeable drawing in the right hand. The ends of the fingers feel dead; on stretching the hand the skin feels elastic.

In the lower limbs there is a pain felt in the socket of the hip after walking. There is sweating feet, more sweat on the toes.

Patient stands in a stooping position because the pressing pain in the sacrum was intolerable; walking in the open air relieved the pain. After lying down at night he can't get to sleep, but turns about on account of the general weakness. While going to sleep there is a sensation as if he were drawn up in the air, and then drawn down toward the feet. This only occurred once in the night.

Every ten days an epileptic attack in the night followed by great headache, worse while rising and when getting up.

* From MSS. Notes of the Editor.

OMAHA—1898.

IN a letter recently received from the Secretary of the Local Committee of Arrangements for the meeting of the American Institute of Homeopathy in 1898, we note the promptness and thoroughness with which the Omaha people have gone to work in the arrangement of its work and the placement of its committees. Dr. O. S. Wood is chairman, while that indefatigable hustler, Dr. D. A. Foote, is secretary. The chairmen of the sub-committees are the following:

- Dr. H. A. Worley, 8 and 9 Continental Block, Excursions.
- Dr. D. A. Foote, 200 Paxton Block, Press and Correspondence.
- Dr. S. J. Quinby, 35 Douglas Block, Halls and Places of Meeting.
- Dr. R. W. Connell, 1707 Dodge Street, Railroads.
- Dr. C. H. McDowell, 2602 Half-Howard Street, Hotels and Alumni Banquets.
- Dr. F. E. Teal, 462 Bee Building, Receiving and Locating Guests.
- Dr. Martha Clark, 2417 Erskine Street, Information Bureau.
- Dr. J. E. Mann, 205 Paxton Block, Introductory Exercises.
- Dr. W. H. Hanchett, 446 Bee Building, Finance and Exhibits.
- Dr. C. G. Sprague, 1701 Capital Avenue, Co-operation of Council Bluffs Physicians.
- Dr. A. P. Hinchett, Council Bluffs, Ia., Co-operation of Hahnemann Institute, Iowa.
- Dr. P. J. Montgomery, Council Bluffs, Ia., New Iowa Members for American Institute.
- Dr. L. C. Morfarty, 316 Bee Building, Invitations and New Members.

It is evidence of the zeal with which this committee (speaking of all the committees as a whole) has gone to work when we announce that every homeopathic physician in Nebraska and Western Iowa is a member. That means business from the word "go!" The committee had an enjoyable banquet on September 23 in the interests of the organization and amity, and the greatest of enthusiasm prevailed. Out of the West we shall see the salvation of the Institute. The West is not wedded to any old ideas: it is young and progressive. Vivat the West!

ANN ARBOR ITEMS.

—The formal opening of the Department took place on October 8. An excellent address by Dr. Hinsdale followed by an informal reception constituted the exercises.

—Mr. J. W. Stevens, a brother of Editor Stevens of the *Counselor*, is one of the latest matriculates in the Department.

—Even those who have fought in the past for the removal of the Homeopathic College to Detroit are now among the supporters of the Ann Arbor college. There is such a one in the person of Dr. G. A. Robertson of Battle Creek,

whose son matriculated in that Department this year.—*Ann Arbor Democrat*.

—Professor Kinyon has had plenty of work in his clinic, and, by the way, the professor is not a new hand at teaching either. He has already lectured six terms in the Medical College, and as to his operative ability—well, ask Western Illinois.

—The Regents have recently placed a convenient bicycle stand in front of the homeopathic building on the campus. This will be most convenient for the Editor of THE HOMEOPATHIST whenever he visits the Department. Not only his wheel but his bicycle face will be perfectly safe if deposited there.

—There is an increased registration in all departments of the University of Michigan except one. The number in the homeopathic department has increased forty per cent. The department that is shy in its numbers is the Allopathic—some twenty-five per cent. at last accounts.

WHY NO SOUTHERN HOMEOPATHY?

Is the fact that homeopathy, or similia similibus curantur, treatment is not popular south of Mason and Dixon's line a recommendation to that school of medicine? A small fire may be extinguished by a very small stream of water or no stream at all, but a large fire requires a large stream of water to extinguish it. My clinical experience in the treatment of diseases south of said line is that it required heroic doses of medicine to affect diseases favorably. North of said line the diseases are much milder in their type, hence many of them will recover with only proper diet and good nursing. This is the reason that homeopathy makes such inroads in practice in the North. Their so-called drugs are palatable and easily taken. When the disease is self-limited they to the laity appear to do good, but when cases do occur under their observation that require heroic treatment we think they resort to remedies used by the regulars. We have no objection to them using our remedies, but we do have objection when they prescribe them under the guise of homeopathic. We hope ere long that all pathies will be swallowed up in one homogeneous school known as scientific medicine. The advances the regulars have made and are making along that line inspires us to the belief that this hope may soon be realized.—*The Charlotte (N. C.) Med. Jour.*

Too bad, isn't it, Brers Orme, Stout, Duffield, Pollock, et al.?

Is this, also, the reason why there is so little of homeopathy in Great Britain and Germany.

And so that ancient allopathic tradition is again resurrected—namely, that a homeopath never has any cases, or if he has, they are imaginary ailments.

Still, the people like homeopathy, the colleges turn out an ever-increasing class, and the heathen rage!

Come to think of it, where do we, in ninety-nine per cent. of cases, find the young allopathic doctor? Working in the slums, among that class of people who are still impressed with quantity rather than quality; whose medicine, like its religion or its politics, is founded in the last century. Do we not speak truly?

Homeopathy is advanced medicine; it is the natural outgrowth of independence of thought, of scientific progress, and of PEACE!

When you examine critically the class of patients employing homeopathy, you will find, as it is said by the allopaths in northern cities, that the homeopathic doctors pull the most silver door bells.

And if money doesn't talk as a measure of popularity and success pray mention something better.

No, Mr. Charlotte Medical Journal, there are other reasons than the mere arbitrary segment by Mason and Dixon's line that account for the non-prevalence of homeopathy in your domain.

HOW'S THIS, INTER-COLLEGIATE?

THE following resolutions were unanimously adopted at the regular meeting of the Des Moines Homeopathic Medical Society, on September 21, 1897:

WHEREAS, A report was made at Buffalo upon the application of Dunham College for representation in the Inter-Collegiate Committee of the Institute; and

WHEREAS, This report, made by a sub-committee of three of its own members, was received by the Inter-Collegiate body without protest or rebuke, in spite of its obviously peurile and malicious character; therefore,

Resolved, That this Society views with serious alarm and deep mortification the readiness of the Inter-Collegiate Committee, as well as its sub-committee, to give way to petty pique, and abandon itself to cheap and mendacious abuse, instead of maintaining that unprejudiced and judicial attitude which should rightfully be expected of it.

Resolved, That the profession, through its national, State, and local societies, should put into practical execution its disapproval of persecution of the younger by the older colleges. This is a matter of far greater reach and importance than

the mere question of what the Inter-Collegiate Committee may or may not do in the case of Dunham College. The disgraceful report of its sub-committee is but a single illustration in a single case of what has been going on for twenty-five years, in countless ways, and to the detriment of deserving colleges. The fact that an unworthy college may be started now and then is no reason—is not even an excuse—for heaping vilification upon every new enterprise. It is time that we ceased to hear about the crime of establishing a homeopathic college. It is time to put a stop to this thing of making it all a man's reputation is worth to help man a new enterprise. The older and larger colleges reap to the full the benefits of the general spread of homeopathy. They have larger classes and greater prestige than they could possibly have had but for the newer and smaller colleges which have aided in upbuilding the cause, and added to the weight of its general standing.

Resolved, That this Society makes special request of all such societies, large and small, all over the country, that they give utterance on this subject and thus put an end to this unhappy persecution which for twenty-five years has been an ugly and needless hindrance to our progress. If the profession will only voice its sentiments, we shall have an end of the assumption that outside of pre-existing faculties there are none competent to be teachers; the new college in the metropolis will no longer be a "kindergarten"; the new college in the lesser city will no longer be "provincial"; and, in estimating the standing of each, malice will give place to merit.

Resolved, That a copy of these resolutions be furnished to the medical journals for publication.

TUBERCULOSIS—MEDICAL ILLUSIONS.

IN medicine, if there be one crying need more than another, it is accuracy in knowledge. So much is taught as truth that is in the shadow-land of uncertainty; so much assumed that cannot be demonstrated. To illustrate:

(a) Tuberculosis is infectious, *i. e.*, all exposed to the tubercle bacillus take the disease. The reception of tuberculosis is therefore a question of exposure, as in measles, mumps, or variola. As all do not take the diseases named, so all do not take tuberculosis. Prevention of infection is prevention of exposure; hence we are hedged on every hand. We must do this or we must not do that. Danger signals are placed all along the line. This is perfectly proper, provided protection be assured. As exposure cannot be prevented, there is no permanent control of the disease. The accuracy of

is seen in the dead and dying on every hand. Is it not time to call a halt? The physical condition at present is analogous to the spiritual condition of the past. We are placed in a well of glare ice sixty feet deep. God has provided no means of rescue or escape, but he will eternally punish if we do not get out. How hopeless the situation! As sentient beings we are placed in this world with destroying germs on every hand. There is no possible means to escape these death-dealing germs. We must conquer these germs or die of a germ disease. How hopeless the situation! The writer is more hopeful. He has shown none takes tuberculosis, however great the exposure, unless he have the precedent state; that this state is induced in one way—suspension of atmospheric influence—and is under control. The state being under control, the disease is under control, and *that without reference to the so-called germ.*

(7) Tuberculosis is caused by the tubercle bacillus. Why? The bacillus is commonly found in tuberculous tissue. Taken from this tissue and injected into the tissue of a healthy guinea-pig, this animal dies of tuberculosis, and so *ad libitum*. The bacteriologist says this is positive proof the germ causes the disease. Let us examine. It is assumed, first, the human race is a race of guinea-pigs. This assumption is false. The human race are not guinea-pigs now, and have never been in the memory of the oldest inhabitant. A human and a guinea-pig are separate and distinct animals. It is assumed, second, the method of injection is Nature's method. This assumption is false. Nature never uses hypodermic needles in transference of disease. The animal selected and method used being different than the one under consideration, could any logician claim the same or a positive conclusion? The bacteriologist claims a conclusion both similar and positive. Are one or more false premises necessary to render a conclusion accurate? *To a civilized world, the truth that tubercle bacilli cause tuberculosis stands inadequate.* What does cause tuberculosis? Suspension of atmospheric influence. How do you know this? By observation that no animate creature has tuberculosis unless he in some way has suspension of atmospheric influence; that those animals having the greatest suspension are most prone to the disease; that those having no suspension are free from, or do not have the disease. Yet further, by observation that animals changed from no suspension of atmospheric influence to suspension of atmospheric influence at once take the disease tuberculosis. But hold! If tuberculosis be caused by suspension of atmospheric influence, why not prevent the disease by preventing suspension of atmospheric influence? The writer asks, *How*

not? A step further. If tuberculosis be caused by suspension of atmospheric influence, *why not cure tuberculosis by the open-air treatment?* Why not?—*H. H. Spiers, M. D., in Charlotte Med. Journal.*

[There is some "good reading" on this same subject, and along the same line of argument, in "Gregg on Consumption," H. C. Allen, M. D., chapter xvii., entitled "The Contagious or Germ Theory of the Origin of Consumption," pp. 117-132.

Dr. Gregg was an eminent homeopath, who wrote his book while he was going through the various stages of consumption, and died before his book was completed. He was an honest man, and, writing with the specter of Speedy Death sitting constantly at his elbow, there is reason to believe he knew whereof he wrote, and did so write to give warning to others!—ED.]

COLLEGE TROUBLES.

THE Cleveland Homeopathic College is not having pleasant sailing. The amity of purpose which actuated the two former Cleveland faculties in pooling their issues seems not to have been transmitted to the combined classes. On the day of opening some of the seniors fittingly celebrated the occasion, by taking one of the college skeletons, arraying it in cast off clothing, and during the night parading it in the saloons and dives of the lower part of the city, eventually abandoning it in an ash-box! Now we learn that there is a clash in the class; some of the students of the one school claiming that the students of the other are not competent to occupy a similar place with them in their studies. It is that old, old story of the non-amalgamation of the family although the elders have consented to bury the hatchet. It is so after every war. It will be so until the angel Gabriel blows his final summons. A little more patience on the part of the amalgamated faculty, a few dismissals for paramount rowdiness among the "kicking" class, and the trouble will be squelched. If some of the outside (non-professorial) doctors would keep their fingers out of the trouble much more harmony could be expected. The union has come to stay! This is authentic! And any student who refuses to be held in leash must not be surprised if he receive the lash—that is, dishonorable dismissal. The new faculty are not to be trifled with.

Doctor (making diagnosis)—Now, as to drink; what do you take?

Patient (cheerfully)—Oh, thanks! You are very kind. I don't care if I do. Leave it to you, sir. It is all the same to me.

Book Reviews.

MANUAL OF STATIC ELECTRICITY IN X-RAY AND THERAPEUTIC USES. By S. H. MONELL, M. D., Founder and Chief Instructor of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics and Roentgen Photography; Fellow of the New York Academy of Medicine; Member of the New York County Medical Society, Kings County Medical Society, and New York Electrical Society; Editor of the Electro-Therapeutic Department of the *Medical Times and Register*; Author of "The Treatment of Disease by Electric Currents, a Handbook of Plain Instruction for the General Practitioner." Illustrated. New York: William Beverley Harrison, 3 and 5 West Eighteenth Street. 1897.

Dr. Monell is unquestionably master of his subject. Every page of his book gives ample testimony of that fact. Dr. Monell is an advanced thinker along the line mapped out, and a reading of his great work now before us holds the attention as in the older time we were held spell-bound over the earlier developments of electricity. There is no doubt that this is one of the most enchanting of modern subjects, and, also, that even so progressive a teacher and investigator as this author has but touched the hem of the garment. This is pre-eminently the age of electricity. In this volume of six hundred pages it would seem as if every form of medicinal electricity had been touched upon. His graphic description of the right and the wrong use of the X-ray, meeting and combating the erroneous impression that a proper use of the X-ray is injurious. He clearly shows that it is the improper use of the ray and the imperfect apparatus combined with the inaccurate knowledge which has been productive of the trouble.

There are several very interesting chapters which will appeal to the general practitioner of whatever school: namely, those which treat of the various disorders of the body, such as chronic gout and the uric acid diathesis, neuralgias and neuritis, neurasthenia, pain, brain-fag and insomnia, heart disease, chronic grief and weather neuroses, headaches, disease of the skin, static electricity in gynecology, and others of a similar order. There is also a well-written section which traces out the history of medical electricity from its most ancient date. We have not been able to express ourselves as strongly as we have felt in relation to this excellent text-book, because to have done so would require several pages of this journal. Suffice it, however, to say that the book is a fine one and no mistake will be made by those who incline

specially in this direction to purchase Dr. Monell's book.

The profession of homeopathy loses another of its landmarks in the disappearance of the *Southern Journal of Homeopathy*. The present editor, Dr. Eldridge C. Price, gives notice that hereafter his journal will be issued under the title of the *American Medical Journal*. In many ways this change is to be regretted, not upon any narrow, creed-deifying view, for Dr. Price's continuance at the editorial helm gives assurance that no betrayal of the homeopathic trust is contemplated, but because just at this time homeopathy needs more than ever a frank avowal of faith. Again the Baltimore Investigation Club is under fire, and it must needs appear to some as if the emasculation of homeopathic materia medica charged against that method were to be carried also into the chief journal of that club. However, the journal has not yet appeared upon our table, so we must refrain from expressing any extended opinion of its merits as a journal to continue in its former place in the homeopathic faith.

Lippincott's is as good as ever. It has a charming story of the American Revolution which is well cast—being laid in the neighborhood of Philadelphia and written in the first person. It is altogether too short; every reader has doubtlessly echoed our regret that the narrative could not have been carried along for a few more pages. Though, of course, when the hero and heroine are safely rescued from the hook-nosed and curly-haired villain with the tuberculous voice and the traditional snarl and sneer, and are happily married in the last chapter, with the usual accessories of red fire and slow curtain, there seems nothing left to read about. Perhaps after all Sam Weller's idea of love-letter writing is the best.

The *Century* seems to be nearing the close of its "Campaigning with Grant." The last installment, dealing with the surrender of Lee to Grant is most assuredly a very graphic, everyday portrayal of that immortal event. Its presentation appeals to the non-hero-worshiper as having been done just about as Porter depicts it. The apple-tree incident in this instance, as in the account of another surrender chronicled in Genesis, seems distinctly not to have been "in it." "Up the Matterhorn in a boat" is finished and well done to the last line.

Harper's Magazine has concluded an intensely interesting serial, "The Kentuckians," which promised so much to the reader. It was well written and pictured, but we question whether any reader of the story can say with certainty which one of the two principal male

characters married the saucy little daughter of the Governor of Kentucky. It is evidently written—that last chapter—in the Browning style.

The *American Review of Reviews* is as full of meaty articles for quick consumption as ever. One of its most charming departments is that devoted to a review of current caricature. Next to that is its bright and snappy abstracts of all current magazines, and literature in general. It is truly the busy man's magazine.

Globules.

Dr. Henry L. Stem, our sometime student, was married on the 5th of October to Miss Adah B. Cheney, with future home to continue in Union City, Pa. We extend our heartiest congratulations to Dr. and Mrs. Henry L. Stem.

A well-written paper on "The Spider Poisons," by Dr. A. C. Cowperthwaite of Chicago, appears in the current number of the *Medical Era*. It has the great merit not only of being well written, but of being well presented in a typographical sense.

"Rumor has it," says the current issue of the *Pacific Coast Journal of Homeopathy*, "that Dr. Geo. H. Martin has severed his connection with the Hahnemann College of San Francisco." Well, since the name of Dr. George H. Martin is given on the cover page as one of the editors of the *Pacific Coast Journal of Homeopathy*, doesn't the editor of that journal know whether the editor has severed anything or not?

Major Hugo R. Arndt, M. D., of the *Pacific Coast Journal of Homeopathy*, has not found it practical to retain his military commission in the California National Guard; hence the major has resigned his commission and once more become one of us, the lower million, just a plain, ordinary medical doctor at two dollars a visit. It seems difficult to combine the two arts—the slaying and the healing. *Die milde Macht ist die grösste!*

The Cleveland Homeopathic Medical College opened its doors on October 6 to a large and enthusiastic audience prepared to witness an imposing ceremony, and they were not disappointed. Judge White of the Probate Court gave the usual annual welcoming address, Rev. Dr. Applegarth was eloquent in prayer, and the Dean, Dr. W. A. Phillips, delivered a terse and practical address. Besides, there was singing by a student, which elicited much applause. Among the several rare and beautiful souvenirs of the occasion were the finely engraved cards

of the two colleges inviting the recipient to the opening exercises. There was a happy blending of the colors of the two ex-colleges in the daintily tied and perfumed ribbons which bound and embellished the handsome souvenir of the amalgamation. It was a beautiful thought—to commemorate this Peace Gathering of the formerly sundered war lords—and most beautifully executed.

Dr. O. S. Runnels of Indianapolis is upon our review table in his excellent Memorial Service oration on "Here and Hereafter." Truly a beautiful tribute to the Institute dead! But for that matter Dr. Runnels is incapable of writing anything not cast in thought and diction of the highest excellence—and we know, for we have never failed to read everything that has his name appended. Besides, we like him personally, for he was our medical godfather—it is his name that is signed to our American Institute of Homeopathy certificate.

Our good brother and friend Dr. C. B. Kinyon of Rock Island has been called up higher—to accept the gynecological professorship at Ann Arbor made vacant by the withdrawal of Dr. M. H. Parmalee. Dr. Kinyon has been a prominent figure in the Institute for years, and it gives us much pleasure to commend the excellent selection of the Michigan Regents in this as in former of the more recent appointments. Dr. Parmalee was not eligible to the place any longer because of an inflexible rule of the University that a professor must reside in the State. In other ways we are informed the homeopathic school is being fostered by the University, so that if the REMOVERS will let the school alone it will soon become one of the prominent landmarks of modern homeopathy. It now contains earnest, learned men and homeopaths who will be a credit to the University and the school. There is no longer any nagging and teasing and provoking to quarrel and ambush fighting among the faculty as in some of the former days. From all we can gather there is the completest harmony among the faculty with a pronounced emulation to see who can best work and who best agree.

Dr. Cartier of Paris writes that he is anxious for the American brethren to take some step in the direction of the Hahnemann tomb matter. Dr. Bushrod W. James is the American representative. The subscription list has already been opened in Paris. Dr. Cartier, also, says that the impression which seems to have gained currency in the United States that the Exposition time is the worst time for the sessions of the International Homeopathic Congress calls attention to the fact that in 1889 there was an International Congress at the time of the then

Exposition, and so far as heard from neither interfered with the other but both worked together in great harmony. By a little careful business policy in advance of going to Paris, the stay there, pending the Congress, will be made as comfortable and pleasant as it could be made at any other time. Paris is a very large city.

The Massachusetts Homeopathic Medical Society held its fifty-seventh semi-annual meeting at Steinert Hall, Boston. From a cursory view of the programme sent us we infer that the meeting was a good one, and we hope to have a fuller report in a later issue.

The Southern Homeopathic Medical Association is due to meet at Nashville, October 19, 20, 21. Dr. Lizzie Gray Gutherz, the "good-hearted" secretary, is out with a well-written circular notifying the profession of the meeting. And as our shipmet—Brer Duffield—is to be there, too, it will an occasion to be long remembered.

It gives us unalloyed pleasure to read in the *New England Medical Gazette* that Dr. I. Tisdale Talbot has returned from his enforced trip abroad and is measurably better in health and spirits. May he live long and prosper and recover fully his pristine strength. He is one of the workers in the homeopathic fold and we can't spare him.

And we hear the same glad tidings of the health of our poet laureate, Dr. William Tod Helmoth, and his good wife.

The *Pacific Coast Journal of Homeopathy* (what a cumbersome, disfiguring title!) accuses Dr. Charles E. Fisher of golf. So he probably knows all about links and stymie, foursome, bunker, fore, dormy two, all those other technicalities which to the uninitiated are very nearly as juicy and toothsome as a modiste's description of the garments worn by the ladies at a public "crush." But if this Fisher is THE Fisher you may take your alfred david that his clocked stockings were not being outdone for nimbleness or agility by any other party in the game.

If I. T. Talbot had been at Buffalo would the Inter-Collegiate Committee have accepted that sub-committee report excommunicating Dunham College? We think not. That sturdy old Roman is too loyal to homeopathy, too anxious to see our school prosper, to throw any obstacles in the way of a young man or a young college. The Inter-Collegiate Committee would do a wise thing if at its next first session some one of the majority moved a reconsideration of the Dunham question; then upon the plea of a later discovery of important evidence gracefully express its regret, and invite Dunham to come into the Charméd Fold. It must not wait for Dunham to make a second application, and possibly Dun-

ham won't do it. Dunham was not in the wrong. The apology is due from the other party.

On dit that a former prominent homeopathic physician of Cleveland who has been a widower about two years is on the point of again entering Cupid's army, *anglicé*, get married.

A number of excellent and truly homeopathic books have been received upon our desk in the past two months which have not been reviewed. But this apparent neglect is only apparent, as every book will be given a careful review as the time for the writing is given us as well as the space in the journal. Following the sessions of the Institute we were taken ill and for several weeks did no special business. As rapidly as possible the piled-up work will be taken up and properly attended to.

Dr. A. H. Schott of St. Louis was recently held up one darksome night by a burly negro footpad. However, when the hold-up was completed, so to speak, the negro was going in an opposite direction, howling with pain from a severe stab-wound in the shoulder inflicted by a sword-cane in the hands of the held-up Schott. Now, if Schott had been Dr. Wintrich of Cleveland, who obeyed a similar command to hold up his hands given by two knights in buckram but who happened to have a loaded revolver in one of those held-up hands which exploding at the right moment severely wounded one of the would-be robbers and put both of them to flight—as we started out to say, in this long-winded, unpunctuated, Arndt-like way—if Schott had been Wintrich and had shot that shot that shot that robber, it would have been justifiable in us to say that it was better to be Schott than shot.

Instance is made of the blood poisoning of a sporting character who held bank bills in his mouth while making change. The I-told-you-so microbists instantly seize upon this instance in verification of their theory that disease is communicable by infected articles. It never occurs to these goose-raising but swan-finding gentlemen that a sporting character is probably more than half rotten with whisky, tobacco, and debauchery, and that the blood poison is more likely a breaking from cover of what has long been in the system. Of the thousands upon thousands of children and grown people who put money in their mouths, how many do we really know to have been made ill by this habit, to say naught of dying? But some vile prostitute or pimp is suddenly stricken with a malodorous affection and lo! it is traced to some little otherwise innocuous thing, that has been done thousands of times before and will be repeated innumerable times hereafter without ill results.

The Board of Health of Marysville has been experimenting with coal oil for disinfecting a slough, and reports that it was working well.

At the last examination of the Pennsylvania State Medical Board, 445 candidates appeared, of whom 83 failed and 4 were expelled for copying.

Medical directors of life insurance companies declare that after the age of forty the mortality among beer drinkers is three times as great as that among total abstainers.

The best remedy for cystitis occurring either in the male or female, says Dr. John Aulde, is hydrozone. The bladder should be washed out with the solution (one to eight), a small quantity being used at first in chronic cases, owing to the painful muscular contractions following the withdrawal of the solution. The amount can be gradually increased. (A double current hard rubber catheter should always be used for that purpose.) In gonorrhea, gleet, and cystitis, the local treatment is oftentimes aided by the internal administration of hourly doses of calcium sulphide one-tenth of a grain.

A splendid little pamphlet entitled "Answers to Questions Concerning Homeopathy," by Dr. J. T. Biddle of Mononagahela City, Pa., has reached our table from the Boericke & Tafel printing house. We would suggest that the doctor who has settled in a new and, therefore, unhomeopathic district, provide himself with a small satchel-full of these pamphlets for distribution "where they will do the most good"; and he will be surprised to note how they will smooth his way in his new field. It asks questions just like those tom-fool allopathic laymen do, and such as meet the homeopath at every turn in his professional walk—and, what is more to the point, it answers them most satisfactorily.

To think of a homeopathic college bearing the name of that immortal American Institute friend and president—the sweet Melancthon of homeopathy, Dunham—being turned from the doors of that same American Institute—the Institute of Dunham! And upon such charges! Well, well, well! As if doctors ought not to be extra charitable to all young measures and young schools and young doctors, remembering the wearisome struggle they themselves had with their own youthfulness, when even the hurriedly cultivated full beard, the Stetson silk hat (of two years ago's vintage), and the closely buttoned shiny princealbert, failed of adding a cubit to their stature or an occasional pot-boiler to the larder. Surgery is running amuck when it essays to define the kind of homeopathy a college *shall* teach, or the number of its faculty who

shall be members of the American Institute, or the kind of fads that *shall* be permissible for teaching by those professors.

"Fifteen years ago coming June I was confined, and the waters instead of breaking and coming away from me from the womb came through my mouth!" And this woman gives the name of a now prominent woman doctor who confined her at that time, and who so informed the patient. Good, isn't it, for a story?

A middle-aged maiden lady came with a married woman to a gynecologist to be examined for suspected displacement. Under her arm she had a small parcel wrapped in a weekly newspaper and butcher shop twine. What did it contain? The maiden lady's night-dress, which she expected to have to don while being examined!

Dr. W. R. Chittick of Detroit has "discovered" a "pink powder" which is especially good in the treatment of summer diarrhea of infants. This consists "of a triturate of the red iodid of mercury with sugar of milk, of the strength of one in one hundred!" Isn't that nice? Perhaps if Dr. Chittick would read a little more openly in the writings of the homeopaths he would be ashamed to "discover" any more of their remedies.

According to the London correspondent of *Medical Progress*, "The most humiliating come-down for the bacteriologist is seen in the attitude he is forced to sustain relative to the diagnostic value of the Klebs-Loeffler bacillus. This bacillus is now regarded as not at all diagnostic of diphtheria, and its presence is given no particular significance in this regard by any well-informed man in London.—*N. Y. Med. Times*."

Now, this is real alarming! So we of the scientific wing of the medical profession will have to dust out another pigeon-hole in our escriptoire of Has-beens for the reception of the Klebs-Loeffler bacillus! Singular how these wonderfully corruscating chemical inventions all live just about so long and are then gathered unto the many many others also done up in moth balls and camphor! But, blessed be Truth, *der alte Gott lebt noch!* Fads may come and fads may go, but homeopathy goes on forever!

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NEW YORK, NOVEMBER 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



PIERRE A. BANKER, M. D.,
Elizabeth, N. J.

MEDICAL COLLEGES FOR MEDICAL PURPOSES.

THE title above clearly states what has been and will continue to be our aim and policy in attacking all extraneous and diverting influences.

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WE are *not* attacking the Christian religion nor any other, nor any of its professors. That would be a pound-foolish move.

AND all our writings on this subject have no such purpose in view in any, even the remotest, degree.

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WE have tried and will continue to try to purify the colleges of the shams and hypocrisies which in many of them have held undoubted and supreme sway from the beginning. The time is past, and, let us hope, past all hope of resurrection, for any other than the medical profession to attend to the medical business of the community. Courtesy to the other professions is eminently proper; but this does not mean that the medical profession shall surrender its rights and prerogatives absolutely and supinely into the hands of the other learned professions.

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* *

IT is the acme of hypocrisy in any medical college of this day and date to hold out to the laity that it is built upon a Sunday School basis (with no offense to the Sunday School). It is not! And no one knows that better than these very self-same hypocritical professors who stand on the corner and in the market place to air their religion! We may be, indeed, have been, charged with infidelity and associated malfeasances (all of which disturb us but little, knowing that our private and church life refutes such charges) because we are caustic in exposing the hollowness of the sham religion which is injected into the medical annual announcements—for revenue only.

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* *

THE highest type of education to-day is the public school system. And yet how many years of acrimonious debate and struggle did it require to completely secularize the public schools?

ARE they any the less Christian and moral and perfect because that former desultory reading of a chapter from the Bible and the alleged singing of the Lord's Prayer have been wholly eliminated from the exercises?

* *

THERE is not one word of adverse criticism for the introduction into any medical school of a private club for religious worship if the majority of the students so elect; naught but good can come from these associations. There is equally no harm in the classes forming a rampant political club with banners and tin horns, or a foot-ball or a base-ball club, or a "smoker" club, or a whist club, or a short-hand club, or a dancing club, or a masonic club, or a mutual admiration club, or any other club so long as it does not interfere with the rights and studies of all the students, or the general conduct of the college. Is not that explicit enough? What we object to is the hypocritical parading of one such private club—the religious worship club, for example—in the printed announcements and other literature of the college, and for no other purpose under the created heavens than the catching of a few students from remote localities where statements of this order still carry conviction.

And along the same general line of argument we object to the surrendering of the rights of medicine to the other professions. Medical men (and women) are the learned equals, and, in many instances, the peers of the learned men of any of the other walks of life. They have lacked, and do yet in many instances lack, the gift of the silver tongue; their training from time immemorial has been to be silent and observing; hence the talking professions have been called in on public medical occasions. But that necessity is rapidly disappearing; and if the present preliminary requirements of New York State obtain generally, it will not be very long before a medical graduate will be able to take *any* part in *any* profession, and the ministers of grace and the speakers for space will be sent to a place far to the rear—and forever!

* *

I N the meantime let us stick to our last. Medical Colleges for Medical Purposes! Let us build them on a business foundation, without

politics, without fanaticism, without fads, without "religion." Let us give our graduate the very best medical and surgical education possible of obtainment in this age. Let us stop assuming that it is also our business to watch over his religion and his laundry; because we know—as does every honest medical teacher in any of the colleges to-day—that we have neither the time, the education, nor the inclination to teach the sacred Scripture in the profane purlieus of the modern medical school!

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number. See issue of January 1, or December 15, of each year.

Scopolamine Poisoning.—Swan,^{1, 24} of Chicago, relates two cases of poisoning which show its close relation to belladonna and hyoscyamus. For a year he had used it as a substitute for the other mydriatics. Recently he purchased a fresh bottle and instilled some drops of a 1.5 per cent. solution in the eyes of two little girls, each about ten years of age, and not related. In one case it was instilled twice, with an interval of ten minutes; in the second case it was instilled but once. Each was about equally affected. The drug produced symptoms similar to hyoscyamine and atropine poisoning. In fifteen minutes the faces became flushed, and in the case of the one who had had the drug twice applied, the lips, cheeks, and chin became mildly cyanotic. The children lost control of their limbs, could not stand alone, the pupils became widely dilated, the lips dry and cracked, the pulse 150, acute mania set in, with hallucinations of all sorts of birds, insects, and animals flying in the air and creeping over the bed where they lay. They were at the same time jumping, laughing, crying, and uttering inarticulate sounds, with here and there a word which informed the visitor of their hallucinations. The acme of the intoxication was reached in two and a half hours, when the flushing and cyanosis decreased and they began to regain control of their limbs. The excitement and hallucinations continued during the

entire night, and in the case of the one in whom the drug had been twice used until four o'clock the next afternoon. Copious rectal injections of strong coffee were given and hypodermic injections of pilocarpine.

A Belladonna Case.^{9, 29}—Mrs. Sch. complained of violent pains in the sinciput, in the right temple, extending down to the ear, and in the ear tearing, drawing, humming, and roaring as from a torrent. This caused considerable hardness of hearing. The patient felt very unwell, had no appetite, and though she felt a desire for sleeping she could not sleep at night, owing to the nocturnal pains in the head and the roaring in the ears. Belladonna 6 d., three drops in a spoonful of water, taken every two hours, relieved her and brought a quiet, sound sleep. Two days later, when Mrs. Sch. felt almost restored, a sudden and great change in the weather caused her to take cold while walking, and this brought on a recurrence of all the ailments, and the ear symptoms, especially, were much worse. Mrs. Sch. felt as if she heard every now and then a dull detonation, as from a gun, and the hardness of hearing was aggravated to almost total deafness. Belladonna relieved her also this time again, but not as quickly. In fourteen days even the last traces of this severe cold had disappeared.

Thuja in "URINARY TANTRUM."—Dr. Robert Farley⁹ reports a brilliant cure of a peculiar symptom worth noting.

Two children, æt. about five years, had been waking about two hours after being put to bed in the evening in a violent tantrum, kicking, crying, and refusing to answer a question. Would do this for an hour or more. When asked if they wanted to urinate would refuse to answer, strike at attendant, or even said "No." Finally it was discovered that if taken from bed and put on closet they would urinate fully and then go to sleep readily. One of these little ones finally developed all the signs of incipient inflammation of L. hip joint, and the study of the case led me to give the child thuja 200, with the result that after the first night there were no more urinary tantrums or need to urinate during the night, and in two months' time the child was in perfect health in all respects, better than he ever had been. His

father had gonorrhea, treated by injection, some years before birth of child.

I had for a long time noticed great similarity of the night troubles in these two children, and the result in the one case led me to give thuja to the other child, and there has not been a tantrum since she took it. The father of this child had not had gonorrhea. Their waking with extreme irritability occurred almost every night before the exhibition of the thuja, and has not now occurred for months. The relief was immediate in the latter case and on the second night in the former case.

Tuberculin FOR TUBERCULOUS TESTICLE.—An interesting case reported by Wassily²⁷ is that of W. K., aged twenty, who came to him on March 1, 1894. Six months previously his left testicle had been removed by a surgeon of Kiel on account of tuberculous disease. About a month ago the right testicle began to swell just as the left had done. The swelling had steadily increased without much pain, but soon there appeared fungous granulations and fistula. The swelling was now about the size of a duck's egg, hard; at its upper part there was a soft projection the size of a hazel nut, which felt granular. The spermatic cord was somewhat swollen; there was impotence; slight drawing in the testicle up the spermatic cord was felt. He complained of thirst, drowsiness, soft stools, anorexia, with occasional febrile attacks. In his childhood he had suffered from glandular swellings, and later he had sweaty feet. I prescribed tuberculin 50, three doses on successive evenings. March 20: swelling smaller and softer, appetite improved; drowsiness increased the first five days, afterward less. Prescribed tuberculin 100 as before. May 4: general health much improved, the swelling had opened at the soft part and discharged much cheesy pus; now when pressed some turbid fluid exuded; no trace of hardness or swelling of the spermatic cord. Latterly he had a distaste for butcher's meat, though he had good appetite for other food. Prescribed silica 30, seven powders, one powder in half a tumbler of water, fourth part every night and morning. As the swelling continued to decrease I continued the same medicine for six weeks, with intervals of a week, until no further improvement took place. On

July 10 I gave another dose of tuberculin 200. He returned after ten days and reported that after taking the medicine he felt very ill; had slept almost all the next day. No alteration was observed in the testicle. I prescribed a placebo. August 20: his general health was very good; the swelling was much diminished. The testicle and epididymis were apparently in the normal state, only somewhat swollen. The improvement went on without further medicine until he foolishly indulged in coitus. On September 30, two days thereafter, he came to me and complained of ill feeling, weakness of the knees, and drawing pains in testicle and spermatic cord; the parts were painful to pressure. I prescribed calc. carb. 30, eight powders, one every night and morning. October 7: all the morbid symptoms were gone, and he had nothing to complain of. I prescribed tuberculin 500 for three successive evenings. Without further medicine he was quite well on December 20.

Lachesis FOR ULCER OF THE LEG.—Dahlke²⁷ treated Mrs. S. A., aged fifty-four, rather thin, who had suffered for one and a half years from a bad leg. The right leg is red over a large surface. On its inner side small, deep ulcers, which exude much yellow water. Pain moderate, felt chiefly after scratching. Violent itching, especially at night. The skin on the red part desquamates in great pieces. She feels better in cold than in warm weather. No catamenia for three years. Before the leg became bad she suffered much in her head. Now small pustules on the scalp. Appetite and bowels normal. Constant dryness of mouth without thirst. She says her whole body feels dry, she hardly ever perspires; dry, hot hands and feet. Moderate hemorrhoids and varices. Oppressed breathing, chiefly caused by a sensation of a lump in throat. Must always be in moving air; likes draughts, and does not catch cold in them. Cannot bear heat; cold is agreeable. Nervous (sensitive, given to start); good disposition, nights tolerable. On August 11 she got lachesis 20, one dose daily. September 12: the cutaneous eruption is larger, the pain worse. I now gave lachesis 30 in the same way. October 13: eruption and itching better; can walk better. General health much improved. The same medicine was continued, and the

improvement went on continuously. She was dismissed cured in February.

Ferrum metallicum FOR VOMITING.—Wassily²⁷ reports the case of a woman, aged thirty-two, who has suffered for nine months from periodical vomiting of mucus and food, feels weak, has ebullitions of blood, palpitation of heart, circumscribed redness of cheeks, in the morning cold feet to above knees. In her childhood had glandular affections. Prescribed ferr. met. 30, a dose every fourth evening. Three weeks later she reported that she had only vomited twice in the first week, but not again. Her general health is much improved; she has still palpitation on walking quickly. The remedy was continued, and three weeks later she had no complaints to make.

THE DRY METHOD IN OPERATIVE SURGERY.

By HOMER I. OSTROM, M. D., New York.

THE belief that washing is an essential part of aseptic technique has long dominated the surgical mind, and largely influenced all surgical manipulations. The operation was performed under a stream of water, variously medicated, according to the individual fancy of the operator. Cavities were washed out, and moist dressings were made to cover the field of work. The operation was thus considered to be clean, but at the expense of much mussiness, and general discomfort to the operator and his assistants. The operating room was running with water, necessitating the use of rubber boots, and rubber suits, and if we were obliged to operate in a private house, the provision against this possible flooding formed a very important part of the preparations for the work, and entered largely into the question whether or not we would operate in the patient's home. This was all very well, and we felt that we were doing the best antiseptic work while we were walking in several inches of water, and the patient was under a shower bath. But do scientific data bear out these theories; are we right in believing that the greatest cleanliness is obtained by washing?

Two undoubted facts present themselves in this connection for our consideration: 1st, Water is an almost universal solvent. 2d,

Moisture favors the development of organic life. The bearing of the first statement upon the present question is evident. Water being possessed of such general powers of separating the component parts of substances, and thus placing them in favorable conditions for absorption, and in addition having the quality of penetrating substances, will not only suspend any poison present in the wound and therefore facilitate its dissemination, but will actually serve as a carrier of noxious materials to remote parts of the body. This finds an especial application to operations that open the abdominal cavity; operations that are performed for local infection. There is every reason to believe that general infection frequently follows irrigation in such cases, for otherwise clean parts are thereby infected.

The second statement, that moisture favors the development of organic life, is so much a matter of fact, and its application to the present inquiry is so apparent, that it calls for no further comment in this place.

The technique of the dry method of operating is simple in the extreme. The same aseptic, or if need be, antiseptic precautions are taken in the preparation for the operation that are observed in the moist method, the difference beginning with the operation itself. The field of operation is made dry, and the towels for draping the patient are also dry. The instruments are taken from the sterilizer and placed on dry towels in their respective trays. These towels are changed as often as they become soiled. I still use trays, for they avoid confusion in the arrangement and handling of the instruments. The sponges, which are made of gauze, are also taken directly from the sterilizer and placed in a special bowl provided for that purpose. When saturated with the discharge from the wound, they are thrown away, and not washed to be used a second time. Almost any area, even an infected pus cavity, can be made clean with dry sponging, and there is the additional advantage that this method of sponging prevents to a very considerable extent the oozing from capillaries which forms such a troublesome feature of operations that involve a large extent of surface.

In abdominal surgery I find especial advantages to follow this method of operating. In

the *first* place the patient is not chilled with water, a very important but not sufficiently recognized factor in any operation that is likely to be followed by shock. In the *second* place the discharge, blood or otherwise, is more easily and permanently removed, and the field of work thus kept dry, and less obscured than when water is used for the purpose. In the *third* place I feel a reasonable confidence that the manipulation does not affect other parts of the abdomen than those included in the field of the operation. That is to say, if there is any fear of contagion, the germs have not been forced into the general cavity by this method of performing the toilet of the peritoneum.

One objection to the use of the dry sponges in operations involving the peritoneum is, that they cause more injury to the serous membrane than moist sponges, and are liable to denude the membrane of its endothelium. This objection is more apparent than real. Of course if the sponges are roughly used, and the peritoneum scrubbed, such a result may be expected. But if they are pressed, rather than rubbed, on the peritoneum I do not believe that undue trauma need be feared. In this as in every other step in the technique of abdominal surgery, the utmost gentleness should control our manipulation of the peritoneum, and I believe that the forcible use of water, carrying the irrigating tube to all parts of the abdominal cavity, and between coils of intestines, is productive of more injury to the peritoneum than the gentle sponging with dry sponges.

I do not wish to be understood as having discarded water and irrigation from my operative technique. In some cases it is absolutely essential to aseptic work, but when the dry method can be applied, I consider the advantage a decided one.

48 WEST 48TH STREET.

TUMOR OF THE BREAST.*

By DUDLEY WRIGHT, M. D., London, Eng.

ONE may read reports in the various journals regarding the treatment of cancer of the breast, and of a good many cases cured by remedies.

** Homeopathic Review.*

In a large number of these cases I have satisfied myself that the patients were not suffering from cancer, and in some of the others I doubt whether it was really a cure, and that had the history of the case been followed up long enough it would be found that a relapse or some secondary growth had carried off the patients. I can recall at least three cases bearing on this subject, one of which occurred in my own practice. One patient had cancer of the tongue, which was diagnosed as such by several leading surgeons who advised immediate operation. In this case there were enlarged glands in the neck. The patient, not wishing to have an operation performed which might in the end prove unsuccessful, consulted a homeopathic physician, who gave various remedies, and applied, I believe, a trituration of lachesis to the diseased tongue. Within a period of a few weeks the growth had almost disappeared and bid fair to be entirely eradicated. He was then seen by one of the surgeons who had formerly diagnosed his case as cancer, and who, on learning what treatment he had been under, said that it could not have been a case of cancer after all, but was probably a gumma which had undergone spontaneous cure. Shortly afterward the patient had an attack of influenza, which appeared to have the effect of awakening the latent disease into activity, for the tongue rapidly grew worse, and the patient succumbed to what was undoubtedly cancer of the tongue.

The case that occurred in my own practice was of a very similar nature. There was an undoubted history of syphilis, but the ulcer on the tongue had all the aspects of cancer. In spite of this, however, I was doubtful as to the correct diagnosis. Under *silicea* the disease nearly disappeared, when, for some reason, the amelioration ceased, and the disease rapidly advanced and the patient finally died, his end being hastened by profuse hemorrhage from the ulcer.

The third case I can recall has a particular interest for us to-day. It was a patient of Dr. Morrisson of Clapham, who had what appeared to be cancer of the breast. The patient was seen by a good many of us at the hospital here on one occasion at a "clinical evening." Some time afterward the patient was again seen, having

in the meantime been on a course of *arnica* 1x. The disease had now entirely disappeared, no vestige of the breast tumor being present. We all looked upon it as an almost unique case. The sequel of the case is interesting. A few months ago Dr. Morrisson asked me to see the patient again in consultation with him. I found her practically dying of advanced cancer of the same breast, with symptoms pointing to secondary deposits in the lungs and probably also in the spine.

On the other hand, we have all read of, if not actually witnessed, cases in which cancer of the liver or other abdominal organs diagnosed by an exploratory laparotomy, disappearing apparently as an effect of the mere opening of the abdominal cavity, and a well known Irish surgeon has reported a case of sarcoma of the jaw, which recurred after operation, and was considered unsuitable for further operation, which disappeared under the treatment of comfrey root poultices advised by a herbalist. The moral of all this is that we must not always despair of curing a cancer patient, and still more must we avoid considering our cases cured because the tumor has temporarily vanished; nor must we be too ready to ascribe such a result to the effects of our drugs administered.

That we can do much to relieve suffering in such cases with the means at our disposal I am quite convinced, but even on this point I fear that most of us would not care to picture our experience in any but somewhat somber colors.

I would now, however, deal more particularly with the surgical aspect of treatment in these cases, for I feel that treatment on such lines gives much brighter prospect of cure in the earlier stages of the disease. Of late years our method of operating has been so much altered, owing to our more perfect knowledge of the method of the course of the disease, that it is more than probable the future results of the new method of operating will show a very large percentage of complete cures.

Up to within a short time ago, surgeons were content to excise the breast only with a small portion of skin around the nipple, and only when the axillary glands were obviously enlarged did they care to deal with them, and then only dis-

secting out those which could be felt in the mass of fat which occupies the axilla.

The new method of operating is based upon certain anatomical and pathological facts which show us that the mammary gland itself often sends minute processes from its under surface into the fascia covering the great pectoral muscle, often indeed piercing the fibers of this muscle. Moreover, we know now that the lymphatics travel not only to the axilla from the deeper parts of the breast, but also pass along the same plane of fascia, and by means of the ligaments of Cooper previously mentioned they pass to the skin. The cancer elements tend in all cases to go by these channels; indeed, microscopical investigation shows these passages choked with cancer cells, especially those lymphatics which run in the ligaments of Cooper to the skin and nipple, and those in the fascia over the great pectoral muscle which ultimately pass to the axillary glands.

Hence it is obvious that if we desire to thoroughly eradicate the disease it is necessary, 1st, to remove the nipple and a large area of skin around the growth itself; 2d, to thoroughly extirpate the entire breast together with the fascia covering the great pectoral muscle; and 3d, to remove *en bloc* the fat of the axilla containing the entire lymphatic and glandular contents. In many cases, moreover, when the breast has been found to be adherent to the parts beneath, the whole of the sterno-costal part of the pectoralis major should be removed, leaving only the clavicular portion. Particular care should be taken to clear away the fat from around the axillary vessels, as here a lymphatic network exists which passes from the axillary up to the supra-clavicular glands, and to do this it is often necessary to divide the remaining portion of the great pectoral and the small pectoral muscles close to their scapular and humeral attachments. Lastly it is necessary to remove the breast, muscle, fascia, and axillary contents, *as one mass*, and not piecemeal, for it is found that to divide tissues in which the cancer cells are traveling submits the patient to the grave risk of cancerous infection of the wound. This has happened more than once, unfortunately, in my own experience, and I would particularly caution you on this point.

Now this appears to be a very terrible operation, and yet it is surprising how little blood is lost after the first incision is made, and how little shock the patients experience from it. In the wards of this hospital, where my colleague Mr. Shaw and myself perform many of these operations, it is no uncommon thing to see the patients out of bed within the fortnight. It is true that a large part of the skin wound has to be left to granulate up, as the large area removed prevents complete approximation of the incision, but this can always be remedied, if necessary, by transplanting at a later period by Thiersch's method.

The new operation aims at entire eradication of the disease, and with our present knowledge of its pathology I do not think that we are justified in subjecting our patients to an operation unless we do our utmost to work along the lines thus indicated.

There is one word more that I should like to say in connection with operation. Always be careful to thoroughly disinfect the whole skin area of operation, both breast and axilla, before operating, shaving the hairs from the axilla, and getting rid of the fatty particles on the skin by means of ether or turpentine, and then cleansing well with soap and water, and finally putting on a carbolic compress a few hours before operating.

More particularly be careful, should you be operating upon a case in which a growth has ulcerated, to disinfect the sore and cover it with iodoform gauze at the time of operation. Even with this precaution you may be unfortunate enough to contaminate the wound with septic matter, and suppuration will then occur instead of primary union. This has more than once occurred in my own cases in spite of the greatest care, and I can assure you that there are few things so disappointing to the surgeon as to find at the first dressing, to remove the drainage tube from the axilla, that there is redness of the skin and pus exuding on pressure upon the margins of the incision. Your best plan under such circumstances is to cut any sutures which appear to be causing tension and apply hot boracic fomentations. This will in time get rid of the inflammation and prevent any great mischief, but needless to say healing will be considerably delayed.

A CASE IN OBSTETRICS.*

By JACOB E. BURTON, M. B., London, Eng.

A SHORT time ago I was asked by Dr. E. A. Hall to consider with him a case having certain puzzling aspects. A lady, some twelve days before, had been delivered of her first-born under conditions calculated to insure recovery. Antiseptic midwifery had been carefully carried out in the most detailed and painstaking manner. The labor was in every respect normal, undisturbed at the time by any untoward incident. The nurse was a careful and experienced person.

On the third day a rigor occurred, and the case for some days presented the well-known characters of puerperal septicæmia. After about a week the symptoms progressively lessened in acuteness. The child, well developed and healthy at birth, was debarred from maternal nourishment, and fed on a suitable preparation of nursery milk. Gastro-intestinal irritation caused this to be relinquished for humanized milk, and this again for peptonized milk, again followed by whey. Each successive food answered well for about twenty-four hours, but inevitably sickness and diarrhea set in, only to be temporarily relieved by another variety of milk food. The child's tongue was clean, the mouth free from thrush; there was no constant flexure of the knees on the abdomen, nor anal eruption, nor excoriation. The vomit smelt sour; the stools consisted of undigested milk.

Carefully reviewing the details, it seemed to us that the unaccountable illness of the mother was intimately connected with the intractable mal-digestion of the child; that the illness of both individuals might probably be referable to a common cause, the incidence on the mother producing puerperal septicæmia, and on the infant acute dyspepsia. Various details made that cause seem to us in all probability to be defective sanitary surroundings, although these were not obvious.

Some fifteen years back, Playfair graphically sketched a case of puerperal septicæmia directly due to defective sanitary arrangements, and which immediately subsided on removal of the

patient to safer environment. In the practice of the same specialist, the recovery of a Royal Princess was similarly prejudiced and similarly safeguarded by immediate removal. Because English sanitary arrangements now are infinitely ahead of Continental plans, the necessity for insuring safe sanitary surroundings for the lying-in woman is often overlooked, and bedside antiseptics considered adequately protective. That bad sanitation—for which the architect is responsible—may cancel the most careful antiseptic midwifery—for which the doctor is responsible—this case helps to testify.

So convinced were we of the validity of our view that we directed the immediate removal of the infant to the house of a relative some short distance away, and a special nurse was detached for the service of the babe. In two days the sickness had stopped, the diarrhea ceased, and the child was imbibing with ease and relish the nursery milk which had proved such a bugbear a few days previously.

The mother's condition had already begun to amend, so that there seemed no urgent need for her immediate removal; this was deferred for the present, pending the course of events.

Despite the assurance of the sanitary perfection of the house, we urged an immediate and independent survey. This was accordingly made, and our fears were fully borne out by the state of matters disclosed. A variety of tests revealed gross defects; and this in a new and well-appointed house, with a good sanitary warrant!

The moral of this case is far-reaching. The unfortunate accoucheur is blamed for all cases of puerperal septicæmia, while the active cause may be entirely beyond his control, and the culpable person, not the physician, but the sanitary engineer. If antiseptic midwifery has been painstakingly carried out and kept up, the accoucheur is justified in taking up a strong position, and insisting on the seeking—and finding—of the ultra-chirurgical cause. And always, in all special or important obstetric cases, and in as many others as is feasible, a preliminary and timely survey of the sanitary equipment of the house must be considered as a prophylactic measure of the first importance.

* *Homeopathy Review*.

OPERATIONS ON THE DRUM MEMBRANE AND OSSICLES FOR IMPROVEMENT OF THE HEARING.

By EDWARD S. CLARK, M. D.

THESE operations may be classified as follows: 1st. Operations on the membrane tympani alone. 2d. Operations on the ossicles alone. 3d. Operations on the membrana tympani and ossicles.

Some patients with accumulated cerumen, acute or chronic purulent otitis media, affections of the external auditory meatus, etc., are generally relieved in a short time by local treatment, but other cases of the catarrhal and purulent inflammations of the middle ear defy all treatment and nothing short of an operation seems to be of benefit.

1. *Operation on the Membrana Tympani Alone.*—In cases of deafness with no known cause, when the membrana tympani is apparently normal, the drumhead has been punctured, and in some cases almost entirely removed (without interfering with the ossicles), with results nearly always satisfactory. In other cases where the membrana is thickened and opaque, the removal of a small portion of the membrane has been followed temporarily by improvement in the hearing, though permanent benefit is seldom or never obtained.

2. *Operation on the Ossicles Alone.*—When the membrana tympani has been almost or wholly destroyed by chronic otorrhea, the malleus, incus, or stapes, one or all, may be injured by necrosis with adhesions or ankylosis of the articulations. In these cases a prompt removal of one or more of the ossicles will not only cure the otorrhea, but in my experience has invariably improved the hearing. In two cases only, however, have I found it necessary or even possible to remove the stapes. The results were nevertheless equally as satisfactory as in the removal of the other ossicles.

3. *Operation on the Membrana Tympani and Ossicles.*—The removal of the drumhead with malleus or malleus and incus in apparent health is indicated generally when the drumhead is thickened and opaque, ossicles adherent and immovable, hearing little or nothing. In no case have I operated when the patient was able

to carry on a conversation at a distance from the ear greater than 20 centimeters. In twenty-six cases after operation, hearing was in one case 6 meters, one case 5 meters, two cases 3 meters, four cases 1 or 2 meters, ten cases slight improvement, six cases no improvement, and in one case the patient lost all the hearing he previously had. He had been able to converse at 20 centimeters but after the operation was totally deaf. In more than half the cases, however, there was some improvement. In another condition where the handle of the malleus is adherent to the promontory, the membrana tympani and middle ear otherwise appearing normal or only slightly thickened, I have made the following operation in five cases: First. An incision is made in the drumhead about 2 mm. in length, alongside the manubrium, then a small knife bent at right angles is inserted through the opening, and the adhesion is thoroughly separated; then using the knife as a hook, the manubrium is pulled a little outward to be certain of its motion; the knife is then withdrawn and the ear inflated carefully with the catheter, followed by the daily use of the Siegel speculum and catheter for from two to four weeks. The results have been in these five cases very satisfactory. In three the hearing was completely restored. In one case it was improved from 1 meter to 6 meters. The other is still under treatment, but has improved from 0.5 meters to 6 meters in six weeks, and it is necessary to use the catheter about twice weekly to keep the hearing at 6 meters.

DOCTOR—PHYSICIAN.

DISTRICT OF COLUMBIA, September 18, 1897.

Docere—to teach: hence doctor means teacher.

Teacher of Medicine,

" Music,

" Philosophy,

" Law, etc.

M. D., Mus. Doc., LL. D., D. D.

Physician: one learned in the art of physic.

That's why.

Truly,

C. B. GILBERT.

The above was received in answer to our query: Why not stick to "Doctor" in speaking of the craft?

"That's why," is it? Well, let's review.

Then the degree which the colleges confer is warranty only of ability to *teach* medicine? But who employs an M. D. to teach medicine? And, again, how many M. D.'s could teach medicine? How does a student become a physician?

But our Unabridged says as follows :

1. *DOCTOR*. 1. A teacher ; one skilled in a profession or branch of knowledge ; a learned man [*Old*].

2. An academic title, etc.

3. One duly licensed to practice medicine ; a member of the medical profession ; a physician.

PHYSICIAN [O. F. *phileian*, *fiscian*, O. F. *physician*, a *phiscian*, in F. a natural philosopher, an experimentalist in physics. See *PHYSIC*].

1. A person skilled in physic, or the art of healing ; one duly authorized to prescribe remedies for, and treat diseases ; a doctor of medicine.

2. Hence, figuratively, one who ministers to moral diseases ; as, a physician of the soul.

There you are !

We again leave it to the intelligent reader if *Doctor* is not a good enough title to apply to a practitioner of medicine even when speaking of him. And while the word *Doctor* had at one time its teaching meaning, custom, which makes the law, has long since given it as a title almost exclusively to practitioners of medicine. It is a fact that whenever the title *Doctor* is applied to any of the other professions it is in the main an honorary degree, an academic degree, a title simply to append to the family name with the crest, etc. And the man who is not a medical practitioner and yet permits himself to be addressed as Doctor causes for himself many embarrassing situations and explanations.

We, therefore, believe that *Doctor* is just as honorable a title for a medical man as Physician, and because it is the stronger word ; because common usage has made it the distinctive appellation of the medical fraternity ; and because, being more easily pronounced, therefore it has the right of way.

PUBLISHING PRIVATE CORRESPONDENCE.

THE *Pacific Journal of Homeopathy* for October quotes at length a letter (not addressed to it) from an irate lady-physician written to the Secretary of the State Examination Board. In this letter this correspondent of the State Board, not of the *P. C. J.*, uses

some vigorous Anglo-Saxon English. The *P. C. J.*, after quoting the letter (without the name), seeks to convince its readers that the lady was as intemperate in her language as in her demand, and, therefore, the publication of her letter is justifiable and a proper punishment. But let us see a moment. In the first place, this letter, written by a lady, was sent by her to a public official who had apparently neglected his official duty, and *therefore* that private letter ought not to have been printed and published either by that Board, or the *P. C. J.* Second, this lady says (August 4, 1897) in the letter quoted, that on March 10th last, nearly six months before, she had sent to this Secretary \$5 and proper papers, including her diploma, in order to be properly registered for practice in California : that to this business letter and inclosure she had not up to the moment of writing received any answer, neither her diploma nor the license to practice ! If that isn't gravamen enough to cause a "tempest in a tea-pot," as the editor sarcastically puts it, please show us a better one. The Secretary answers in the *P. C. J.*, and apparently not to the lady, that all the papers were sent to her six weeks after receiving the money, that they were sent to the address given in the application, but not to the place from which the lady is now writing her vigorous protest. Very good for the Secretary, as an individual. But what kind of a business policy is in vogue in the California State Examination Board which will intrust valuable papers to the mail, or express, without a return-request printed on the envelope or parcel ? And if the answer be that such return-request was on the envelope and that the papers were returned because undeliverable, we ask, further, why does not the California Board know where this lady is during all these months, practicing medicine without a license, and without even a diploma ?

No, this lady correspondent is justified in using vigorous language in her protest, the more so since she had every reason to believe that her private letter would not be hawked in the public prints for the distinct purpose of ridiculing and hurting her in her professional work. The name was not appended ? True, but we are willing to subscribe another dollar to the Hahnemann Monument Fund if the name is not already well known to every 'Frisco reader of the *P. C. J.* This is not a very appetizing instance of that proverbial gallantry of the West to the gentler sex when a State official and a prominent medical journal engage in browbeating a lone woman.

EARLY DIAGNOSIS OF SPINAL CARIES.*

By GERARD SMITH, M. D.

Orthopedic Surgeon, London Homeopathic Hospital.

WE all agree as to the great importance of making a timely diagnosis in this proverbially insidious and deceptive disease; the preliminary signs of which may so easily be overlooked in a large class of cases, and the extremely painful results of which, glaringly obvious when developed to the most ignorant and unscientific observer, are such that the medical attendant is often blamed unduly for having failed to anticipate them.

Spinal caries is a tuberculous disease; that is, whatever may have been the immediate determining cause, sooner or later the tubercle bacillus appears in the diseased area. Such provocative causes may be either traumatism, hereditary syphilis, tubercle, one of the eruptive fevers, especially enteric, or whooping cough, this last being quite frequently found in this relation to caries.

Injury, generally from a fall, is so often given by the parents of the child as the cause, that several surgeons of repute have held that traumatism is the chief and almost sole cause; and it is true that traumatism, acting on a constitution predisposed to tubercle, does often appear to be the cause of caries; yet on the whole, the evidence goes to prove that tuberculous disease in the vertebral bodies does not differ in its inception and course from similar disease in other bones and their neighboring joints. The broad characteristics of these may be stated as a primary osteitis, seated in the cancellous bone, going on to softening and disintegration with [usually] abscess. The primary process may be occasionally a periostitis, or an arthritis; and these may be the first stages in spinal caries set up in a tubercular subject by traumatism; arthritis, however, is far more commonly a secondary effect than a cause.

In forming a general mental view of the early symptoms, that of pain first claims attention; pain is seldom absent, though cases in which the diseased bone is in very small isolated spots, spread over several vertebral bodies, may not give evidence of marked pain (such cases are,

I believe, frequently due to hereditary syphilis). With regard to local pain, since the disease is seated in the portions of the spine situated furthest from the influence of experimental external pressure [unless this test be applied with inadmissible severity], local pain over the affected vertebræ is the exception; and its occurrence on slight pressure is rather an argument against the existence of caries, and in favor of some neurotic condition, probably hysteria. The movement of the vertebræ upon each other, however, is accompanied by local pain, though this is so widely diffused, and due so largely to spasm of the surrounding muscles, that it cannot be defined as seated in the exact area of disease; the movements of the patient, however, give evidence that great apprehension is felt in fear of any unguarded movement of the bones; the child wears, indeed, an habitual facial expression of anxiety, and moves with a stiff and cautious manner, especially in sitting down, which is characteristic of this pain; the child will often sustain the weight of the body on the hands while sitting down, and will cautiously lower himself to the seat; any sudden start or jar is evidently provocative of pain, often extremely severe, eliciting a scream, and only slowly subsiding on rising from the sitting position; when seated on the floor, the child clutches at every likely support, and at his own legs if no better aid be near, "climbing up his own legs"; any movement to turn round and look backward is so painful as to be often impossible, the child revolves entirely on the feet, and in picking up an object from the floor, the action is characteristically stiff and cautious, the whole spine moving as one rigid piece.

I would suggest that the most natural tests in this direction always give the best evidence; all such artificial manipulations as have been advised, such as the surgeon twisting the spine, bumping the head, jarring the heels, etc., are not only very barbarous, but also useless as evidence, on account of the apprehensions of the patient. Passing a hot sponge down the spine may sometimes produce pain near the affected area, but this also is apt to alarm the child.

There is one symptom of pain of special value: it is in the peculiar respiratory movements; the child often grunts, takes shallow inspirations,

* Read before the British Homeopathic Society.

and in speaking spares the rib movements by using an apparently slurred, clipped, or negligent enunciation. The pain, however, is far more frequently distant, referred to the periphery; thus there is often intercostal and gastric pain in dorsal caries; pain in the thighs, or hips, in lumbar caries; and occipital pain, and pain round the ears, in cervical or high dorsal disease. The gastric pains of dorsal caries are specially worth notice; I have seen more than one case where the presence of such pain, resisting all medication, and persistently present for months, has entirely diverted the attention of the medical attendant from the real seat of disease, and where the appearance of a protruding vertebral spine, discovered by the nurse, has rebuked the surgeon for his error. This is one of those dangers into which the routine practice of symptom covering may lead us, therefore I make a point of it.

I have spoken of the muscular spasm provoked by movement, and here we have the most valuable diagnostic sign available; the rigidity and board-like hardness of the erector muscles, causing the whole spine to appear peculiarly flat and upright, and to move as one rigid rod, is a guardian contraction, never off duty even in sleep, and sometimes persisting under anæsthesia: it limits or entirely prevents all flexion movements of the spine, and produces a deceptive appearance of well-developed muscles, standing up in masses on either side, the spine appearing particularly straight, and its normal antero-posterior curves being abolished.

Involuntary jerkings of the limbs in sleep, causing accidental unguarded movement in bed, and exciting often sharp screams and prolonged waking terror, is another reflex symptom of value. The normal reflexes are always (probably) exaggerated early in caries, especially the patellar, but this condition often passes very early into paresis (paraplegia) so that it may be missed. And here I must mention a point, in doing which I hope that I shall not seem to insult the knowledge of any present. This paralysis in spinal caries: there are, I believe, still some who hold that it is caused by the pressure of the altered angle of the spinal canal upon the cord. Certainly this has been taught quite recently, and such a theory, if held, leads to much

difficulty. I venture to mention some facts as to the occurrence of this paralysis. It may come on in the earliest stages, before any angular deviation has appeared; it may pass off when the angular deformity is extremely marked, and is rapidly increasing; indeed, it bears no relation whatever to the extent or form of the deformity. But in relation to the seat of disease paralysis does show selection: it is (speaking of paraplegia) not found in disease below the second lumbar vertebra, or extremely rarely so found; it is most frequent in dorsal caries. Another peculiarity of this paraplegia is that sensation is not affected. I put these points forward in order to remind you that they prove that it is the portion of the spinal cord which most completely occupies the caliber of the canal which is affected, and that portion below the first two lumbar vertebræ, where the non-vascular dura mater only incloses the cord, and where there is more available space in the canal free from paralysis, while the anterior columns are affected, as proved by the sensation being unaffected. The real cause of paralysis is the thickening from meningitis of the membranes on the anterior aspect of the cord, and of the spinal nerve sheaths, and this is sometimes aided by tubercular deposits within the canal; the angular deformity is not the cause of the paralysis.

I do not intend to deal with the question of deformity in this paper, as this is part of the later stages (when it is a kyphosis), but there is a very mischievous custom of carelessly classifying spinal deformities as either angular and carious, or lateral, with rotation, called scoliosis, and non-carious. I must, therefore, remind you that lateral deviation is by no means uncommon as the first stage of the collapse due to caries; it is sometimes due to the disease being situated at one side of the bodies of several contiguous vertebræ. There should not be much difficulty in distinguishing between scoliosis due to caries and ordinary static scoliosis. A little consideration of the two states will show that the scoliosis of caries, affecting as it does only a limited area, is localized and sharp, not sinuous, as is scoliosis proper, while this abruptness and limited area in caries causes no development of secondary gravital curves above the seat of disease, such as are the long, sinuous, secondary

curves of scoliosis. The pain of caries and the muscular rigidity are absent in scoliosis, and the inability to perform flexions, which is so marked a feature of caries, is not found in scoliosis. *All* movements are limited in caries, not so in scoliosis, and one very valuable difference is in the rotation in caries being backward on the *concave aspect* of the curvature, while it is backward on the *convexity* in scoliosis. This is a reliable sign, the mechanical reasons of which I have not time to enter into.

The question of the temperature in early caries is one not yet clearly made out. My own feeling is, that so long as a child with caries is allowed to move about unguarded from accidental movements causing pain, and the affected bones permitted to sustain jar and movement, the temperature will seldom be found quite normal, but very soon after the patient has been put into bed, and comfortably placed in a position of freedom from pain and irritation, the temperature falls, though I believe that careful observation would show many cases in which, while active disease is progressing, some slight evening rise of temperature is present.

Abscess is occasionally an early occurrence; the rise of temperature in such cases is by no means always or even frequently marked, especially in hospital patients, who are properly recumbent, with the spine free from pressure; but there is usually some increase of pain, especially on moving one or other of the thighs, this thigh tending to be flexed, and pain being felt on attempting its extension. Some marked increase in the frequency of the night screams and terrors often occurs when abscess is forming, and there is often loss of appetite and general happiness of disposition. The method of palpation for diagnosis of psoas abscess cannot be explained in any way but clinically; but such symptoms as I have mentioned should lead us to make the examination.

The early stages of spinal caries offer several points upon which some difficulty in diagnosis may occur, since the symptoms may simulate other diseases. Of these, I think that hip-joint disease is the most frequent. In hip disease we find lameness, pain, flexed thigh, with pain on extension, sometimes a rise of temperature, night screams, with general loss of health, and the

child often resists movement in a way not unlike that seen in caries. Spinal caries with early abscess certainly has some resemblance to these conditions; it is worth observing that the pain in caries comes before lameness and flexion of the thigh, whereas in hip disease lameness is in an earlier stage than pain; the pain in caries being as I have described, in hip disease it is felt in the knee and front of thigh as a rule. In caries, only one movement of the thigh is resisted and painful, and this is extension; when the psoas is relaxed by further flexion rotation and other movements of the hip are painless; whereas, as is well known in hip disease, all movements of the joint are restricted and usually painful. The child's voluntary stiffening of the body to resist movement of the thigh in hip disease is very different from the reflex spasm of the spinal muscles constantly present in caries, while this rigidity in caries prevents the formation of the lordosis seen in hip disease when the child is placed on the back on a flat surface, and the affected thigh is extended against the contraction of the psoas muscle. The characteristic movement of the pelvis with the flexion of the thigh which is present in hip disease is absent in caries; and the absence in caries of the wasting and flattening of the gluteal muscles, generally seen in hip disease, is another differential sign of great value.

From the neurotic spine, hysterical, neurasthenic, hyperæsthetic, spinal irritation, spinal neuralgia [for I take these terms to be synonymous], caries is easily differentiated; the hysterical spine evinces several tender spots, elicited by a very moderate pressure over the spinous processes (I may perhaps venture to remind you that in hysterical patients, if not in normal persons, the seventh cervical spine is more sensitive to pressure than the others); there is no limiting of flexions in neurotic spine, or, if there be any, a little judicious observation and cross-examination will show that this varies, and is due to nervousness and fear [sometimes to malingering] on the part of the patient, while there is absence of all the referred pain and other reflex symptoms which exist in caries when we are examining a neurotic spine.

There is one form of spinal neurosis following enteric fever occasionally, which, though its

sudden onset and rapid recovery make it little likely to be mistaken for caries, yet the fact that periostitis and arthritis occasionally also follow enteric fever, and that these may affect the vertebrae, may very possibly introduce special difficulties in differential diagnosis, especially as we know that enteric fever, like other eruptive fevers, is sometimes a provoking cause of caries. In the enteric neurotic spine without arthritic or periostitic disease added, the whole spine is sometimes held stiff, and there is considerable muscular tenderness, while, if there be also local periostitis or arthritis, the picture may be a close one of caries. Such cases it is always best to provisionally treat as caries, when the subsequent clearing up of the symptoms will soon set doubts at rest.

The rachitic spine is quite unlike caries, the curve being general, and the spine abnormally flexible; while, if the child be laid prone on a couch, and the pelvis gently lifted by the thighs, the rachitic spine bends back into lordosis, the carious spine will rise as one rigid rod.

Caries in the cervical vertebrae may simulate torticollis, since in cervical caries the head is frequently inclined to one side (though usually the head falls forward, the chin projecting and dropping); in torticollis, the chin turns away from the spastic muscle, in caries, toward the affected side; in torticollis, only movement toward the contracted sternomastoid is resisted, in caries, all movements of the head and neck are painful and limited; the pain of caries is absent in torticollis, and the flattening and thickening of the neck at the back, found early in cervical caries, is a symptom not found in torticollis.

It has been suggested that pseudo-hypertrophic paralysis may simulate spinal caries merely on account of the peculiar method which the child uses to rise to the standing posture from reclining on the floor; but since this is the only symptom which in any way appears in common in the two diseases, I do not think that we need regard this as a difficulty.

Dr. Tessier reports a case where incontinence of urine supervened in a case of locomotor ataxy, and disappeared under *ferrum phosphoricum* 3x and *equisetum* 1x given alternately.

PRIZE-GIVING.

WHAT pleases our hypercritical soul exceeding much, in scanning the Annual Announcements of the Homeopathic Colleges which have been falling upon our editorial table, is the gradual elimination of many of the old-time objections, prominent among these being the stick-of-candy-if-you-are-a-really-good-boy! Meaning by that, the premiums and prizes held out to mature men and women for superior excellence in this or that branch of learning! As if such apparent excellence carried any warranty that its putative possessor was any the better caparisoned to engage with the innumerable foes of disease, and the arch enemy Death, than the un-ribboned and un-prized student of that same class.

Our later contention is that this prize-outholding is forinst the ethics of the profession and should be dealt with by that High Court of the Institute—The Honorable, The Senate of Seniors. The professor who gives a ten-dollar set of books, or a badly mutilated twenty-dollar gold piece, or a set of surgical instruments, or a box of high potencies is advertised for a whole year in all the college literature. Is not this advertising within the meaning of our iron-clad code? Still, if the fashion be so deeply rooted in the affections of the sissy-boy colleges that it cannot be easily displaced, or at once, let us at least compromise the matter and after this wise: first, let the prize always be of gold; second, let it always be of the money of the country; and, third, let the money always be un mutilated. Then, in the first two years after graduation, when the blue-ribbon recipient having safely passed the celluloid collar era is still floundering in the prince-albert-and-plug-hat period, he may advantageously make use of his prize in the payment of his room rent and for the half-dozen "walk-in" signs which encumber his office, while waiting to do two hundred and fifty dollar ovariectomies. But if the gold piece be mutilated and battered out of all coin-semblance, and artistically disfigured, its value will be in so much deteriorated that it may be of use only as a teething device for baby, or as a fit associate for the several revolvers, poker lay-outs, watches, and other attractive bric-a-brac which embellish the front row of trays in the pawn-broker's window.

By all means make the prize one of intrinsic value.

Correspondence.

The American Homeopathist:

Your Dunham College editorial meets fully my approval. And I must state emphatically, that the action of the Intercollegiate Committee at Buffalo meets my entire disapproval. The Dunham was disapproved, but another college, with nothing whatever but a formidably long name, was, without any investigation, approved and taken up into the fold. Now, Mr. Editor, that is elevating the standard of medical colleges, isn't it?

Listen to a conversation which I had a few days ago with Dr. X., an *eclectic* physician, who is professor in the college with the long name.

Dr. A.—Well, Dr. X., did you lecture yesterday in the college?

Dr. X.—Yes, I did.

Dr. A.—And how did you find things? They have such a fine sign outside the building I suppose the inside corresponds with it?

Dr. X.—Then you are mistaken, sir. Really I was shocked and felt mortified to find the inside so bare and devoid of all apparatus and furniture necessary to any medical college. There is a moderately large room which contains some second-hand school desks; and, besides, there is an old table standing in one corner. I looked in an adjoining room and there was nothing at all in it. I asked one of the few persons present if they were the class, and he said, yes. "How many are in the class?" "Ten," he answered. "Well, where are they?" "Some are hunting to-day and others are in the city, somewhere."

Dr. A.—Well, how many were present?

Dr. X.—Six, and I must say, I did not like their appearance, for they looked more like "kids" than men and women who want to study medicine.

Dr. A.—Well! well! well! I never expected to hear such things.

Dr. X.—Why, it is a shame for those fellows to run a college like that. They ought to have at least a place decently furnished, etc., etc., etc.

Mr. Editor: The above conversation *actually* took place last week in *my office*.

I would really like to know the statements made by the college with the long name at Buffalo, that induced the Intercollegiate Committee to recognize it without the least investigation. I think the Intercollegiate Committee in its present state is a farce. The American Institute of Homeopathy should not neglect to take the matter in hand and purge itself of such doings as the Intercollegiate Committee saw fit to endorse at Buffalo. . . . Dr. A.

Globules.

Dr. C. E. Fisher, the talented editor of the *Medical Century*, stopped at Cleveland on October 28, *en route* to Chicago, having been at New York in connection with his journal's interest.

On October 26 there was married at Washington, D. C., Adelaide Virginia, the daughter of Mr. and Mrs. John Miller Carson, to our eminent surgical brother and co-author of the "Homeopathic Text-Book of Surgery," Dr. Thomas Leslie Macdonald. We extend most hearty congratulations.

We note in a little circular sent out by the Homeopathic Society of Chicago, giving notice of its meeting for October 21, that the feast of reason for that and other evenings' work contains Professor Leavitt, Professor R. N. Foster, Professor Charles Adams, Professor H. R. Chislett, Professor Clifford Mitchell, Professor E. M. Bruce, Professor W. S. White, and Professor A. K. Crawford. A very natural question would be if there are any plain, just every-day doctors in Chicago.

The Southern Homeopathic Medical Association has doubtlessly held its fourteenth annual session at Nashville as announced; but up to this moment of writing we have not been able to learn aught concerning the same. The programme lying before us shows the names of some of the best of our practitioners as down to take part in the sessions; though a good deal of amusement must have been caused by the several typographical errors which are to be found in the same programme. Thus Dr. J. E. Mann gives "A Case of Appoplexy of the Neck with Heevery"; while the witty and waggish Walton is to dilate on "Parturient Rents of the Virginia." It is wise in sending a technical programme to the printers to use type-written copy.

A Study in Vaginal Hysterectomy, by W. E. Green, M. D., of Little Rock, in reprint, lies before us. This was one of the excellent papers presented to the American Institute at Buffalo, and was printed and published by the *North American Journal of Homeopathy*. It is a little marred by a number of typographical errors, but the author, or someone for him, has made the necessary changes with pen and ink. Dr. Green always prepares a good paper, and this, truly, is one of his best. It was to the gynecological section what Van Lennep's *Appendicitis* was to the surgical section.

In the "Globules" of October 15 of this journal appeared an item stating that Dr. W. R. Faulkner was the first and only pension surgeon of our school. This we find is an error, since we have heard from Drs. E. A. Brown of Madison, Wis., C. H. Brace of Cumberland, Md., W. B. Huron, Tipton, Ind., and Dr. H. A. Russell of West Superior, Wis., good homeopaths who are also pension surgeons. The latter informs us that he was appointed a member of a Board of Pension Examiners in 1889, serving until 1892, when his place was given to a Democrat. Last March, the Republicans having come in again, Dr. Russell was reappointed. We understand that the Drs. Kanouse at Wausaw, Wis., are also pension surgeons. Glad to hear this, brethren.

We have now received evidence that Dr. A. Cuvier Jones is not dead. He has sent us the *Arizona Weekly Citizen*, published in Tuscon, with a marked paragraph showing that he was one of those who applied to the Board of Territorial Examiners for certificate to practice in that Territory, and that the same was granted. We welcome our distinguished brother back from the House Boat on the Styx, whither ourself and the *Century* had consigned him. We would like to say *en passant* that we were on the point of writing an obituary of him that would "have done him proud." We have a very vivid memory of the work he did for the Missouri Institute of Homeopathy.

Vomiting and Diarrhea.—On December 15, 1896, a boy, aged eleven, was brought. He was emaciated to a skeleton. For six weeks he had vomited all his food and complained of bellyache and diarrhea. The abdomen was sunk in, and when pressed a gurgling sound was heard, as though caused by air and water. The doctor who had treated him diagnosed ulcer of the stomach, though there was no pain in the stomach even when pressed. The diet he prescribed was only milk and soup, but as these were always vomited he derived no nourishment from them, and grew daily more emaciated. The patient was taken into the Deaconesses'

Hospital, and after a dose of sulph, 30 he was put on a dry diet consisting of stale rolls and occasional small quantities of barley broth or milk. After the third day the vomiting ceased, appetite returned, and he did not complain of thirst, so that the quantity of stale bread was gradually increased. After three weeks he could eat twelve stale rolls daily. The diarrhea disappeared; indeed, the stools became too dry. The thirst became so urgent that the child secretly drank a quantity of water, which caused a recurrence of the diarrhea, which, however, soon stopped. He gained flesh and strength, and by the beginning of February he was fifteen pounds heavier.—Sick, *A. h. Z.*, cxxxiv. 65.

The first number of *The American Medical Monthly*, successor to the *Southern Journal of Homeopathy*, has reached our review table. It is smaller in size than its parent, is very much better arranged and printed, and has cut its price from two dollars to one dollar per annum. It presents a much handsomer appearance in its new dress. Its opening article consists of the closing session of the Materia Medica Conference, followed by a paper from the pen of Dr. Mack and another one by that typical Southern homeopath, Dr. Orme. In its editorial comments we find one paragraph which we copy in full: "In the early days of homeopathy materia medica was the all-absorbing topic of the conventions of the school, but in the last few years surgery has been making such strides that it has almost completely usurped the place of drugs with our professional public. However, the pendulum seems to have started again on its reverse swing, and materia medica is again coming to the fore. It has not yet reached its greatest prominence, either."

This is, indeed, praise from Sir Hubert. Every intelligent reader of the literature of medicine has noted for some time that the furore for operations is dying down, and this is more apparent, too, in the old school, strange as that may seem, seeing that when you take surgery away from them they have nothing remaining. To come back to the *Monthly*, we are glad to say that it promises to become a real factor in the school, and under the careful and clever guidance of Dr. Price it will soon take a place in leadership. We congratulate the editor and publishers of the *American Medical Monthly*.

WIT AND WISDOM (a new department) see page X.

The American Homeopathist.

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The American Homeopathist.

NEW YORK, DECEMBER 1, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



EDWIN R. SHANNON, M. D.,
Waterloo, Ia.

JOURNALISTIC DIGNITY.

WE have offended the æsthetic taste of one of the editors of the bipartite edited *New England Medical Gazette*, in that we used language, in a recent editorial, which was too strong to suit the Sabbath-school end of the editorial chair of the said *Gazette*.

* *

ANYONE with a long face, a subdued voice, many lapses into unnatural periods of quiet, as well as a felicitous habit of saying nothing when speaking or writing, may pass for dignified

and deeply learned. We lay no claim to the possession of either of these characteristics.

* *

WHEN we fight the d—l we use fire. The sinistered article was doing this very thing—fighting the d—l; or, in other words, it was showing up the hollowness of the pretended religious education which the several homeopathic colleges hold out to induce the innocent lambs from Wayback Co. to come forth and be matriculated in *our* college.

* *

THE fact that such representations are so held out to the laity by many of the homeopathic colleges in their printed matter does not apparently concern the dual editors of the *Gazette*. They are content to be dignified, and Pineo-perfect, and inane. They do not care to know that this mockery goes on from year to year in the hope that a few more weakly, physically-unfit-farm-hands may be saved from preacherdom, and be called up higher from the plow, or the anvil, or the inadequately-paid clerkship in order to become famous doctors and celebrated Christians at one fell swoop! There is so much likelihood of this occurring between the mingled and mixed duties which crowd the modern medical student, from dissecting to cigarette-smoking!

* *

THE offense of the AMERICAN HOMEOPATHIST consists in using undignified language in attacking the d—l. The offense of the *New England Medical Gazette* consists in being dignified and classical, but withal prosy and unprogressive. In all kindness to the present "corpse" of editors—and one woman—we would suggest that, as soon as they get the swing of things, they "let up" on their nambypamby-crazy-quilt editorial policy and strive to follow more nearly in the footsteps of their immediate predecessor in that same editorial chair—a man who was noted not alone for his vigor of intellect and his fearlessness in a right cause, but as well for his use of forceful English!

Materia Medica Miscellany.

Compiled by J. PERRY SIWARD, M. D., 113 West
Fifty-fifth Street, New York.

References in this department are made by number.
See issue of January 1, or December 15, of each year.

Cuprum Ars. IN ACUTE GASTRO-ENTERITIS.—It is amusing to read of the "discovery" by H. Kruger¹ that arsenite of copper in small doses is a "wonderful" drug in gastro-enteritis. He used the remedy in $\frac{1}{1000}$ - $\frac{1}{100}$ grain doses in many cases, and in three reports marvelous results. If he had known the homeopathic indications, he would probably have recognized that those three cases were alone suited to the drug. But no. He reasons that the action of the remedy is undoubtedly that of a bactericide, as is shown by the rapid improvement in the general condition and the prompt cure of the acute gastro-enteritis; and the bactericidal power of the drug must be enormous, for in most cases $\frac{1}{10}$ of a grain in twenty-hours was sufficient to relieve the dangerous symptoms, and rarely was it necessary to give more than twice this amount, and never more than three times during the course of the disease. Until Dr. Kruger includes in his reading a homeopathic materia medica, he will continue to use this "bactericide" and achieve marvelous results in a small proportion of his cases.

Diamphidia, THE LEAF BEETLE.²—Promise of a valuable remedy, when properly proved, may be seen in the reports of this insect, the juice of which is used by the bushmen of South Africa for poisoning arrow-heads. Lewin found in its body, besides inert fatty acids, a toxalbumin which causes paralysis and finally death. According to Boehm, the poison from the larva also belongs to the toxalbumins, and Starke states that it causes the dissolution of the coloring matter of the blood and produces inflammation. To obtain a solution of the poison, Boehm recommends maceration of the whole larva with distilled water. After some hours they swell, and the solution becomes light yellow and is acid in reaction. This reaction remains after shaking out with ether. The aqueous solution has poisonous properties, which are destroyed by boiling. It gives the usual reactions of a

toxalbumin, and may be precipitated from its aqueous solution by means of sulphate of ammonia.

Pilocarpin FOR EXCESSIVE SWEATING.—An old-school journal comments upon the fact that pilocarpin in minute doses is an efficient anti-sudorific, producing results diametrically opposed to the general physiological action of the drug when given in large doses. In this it resembles ipecac., which, although a powerful emetic in small doses, is used in minute doses for the purpose of controlling vomiting induced by condition of atony of the stomach. The stimulating action of the small doses on the gastric mucous membrane gives place to an emetic effect when the doses are increased. The action of pilocarpine in minute doses has been used as an argument by the homeopaths to support their favorite dogma "simila similibus curentur." The majority of the profession is not prepared to accept this dogma, but it must be conceded that the difference in effects of medicines in maximum and minimum doses has been neglected, much to the disadvantage of scientific pharmacology.

Chlorate of Potassium Poisoning.—Isaacs³ discusses very fully the symptoms of this drug in toxic dose. On the kidneys the first effect is an increased secretion of urine, with irritation of the bladder, which, if the dose has been large enough, is soon followed by dysuria and suppression, which may become complete. The little urine passed is almost black, deposits a sediment containing granular and hyaline casts and blood corpuscles, and generally also contains a large amount of albumin. After temporary stimulation there is a weak heart-beat, with pulse small and thready or almost imperceptible. Cyanosis is an almost constant symptom, usually with dyspnoea and rigors. Vomiting and diarrhea are constant. The stools are fluid and black or dark-green, or black flocculi in a bright yellow fluid. Tenesmus is frequent. On the blood the salt evidently has a very destructive action, but what this action is does not seem to be understood. It results frequently in the production of a chocolate hue.

On the nervous system the effect of the poison varies from the production of headache and prostration to stupor, coma, or convulsions.

Stupor followed by coma, either partial or complete, is generally present in severe cases. Remission, with apparent improvement, may take place, only to be followed by relapse of all the symptoms. Depression may alternate with mental excitement. Paralysis of the muscles of vocalization and deglutition was noted in one case which eventually recovered.

Apis IN INFANTILE CONVULSIONS.—Dr. E. S. Prindle¹⁴ describes the progress of a case of convulsions in an infant three weeks old. A moderate cold seemed to recover in three days. On the fourth day convulsions, strabismus, colic, green stools with curds of milk, were observed. Aconite and belladonna were given, and passiflora in $\frac{1}{2}$ -drum doses. On the two following days, under passiflora and cuprum ars. 2x, the case went from bad to worse.

"On Friday morning," says Dr. Prindle, "the spasms occurred at intervals of half an hour. The tympanites was lessened. No urine had passed since midnight. At noon the spasms were increasing in frequency and were lasting longer. The child was unable to swallow; there was constant moaning; I watched the case for two hours, keeping the patient partly under the influence of chloroform. About 2 P. M. a natural stool was voided; straining at stool had nearly ceased; the hands were cold, face beginning to get puffy, especially under the eyes; at 3 P. M. the patient was cold to the elbows and knees, the pulse was very weak and uncountable, the eyes half open and fixed, and I expected death within an hour.

"While watching the case and endeavoring to make the end as easy as possible I had an urgent call on another street, and told the parents there was little or no hope, but as a last resort I would give another remedy. Apis, 3x trituration, was placed upon the child's tongue and allowed to dissolve there, as the patient had not swallowed since the morning of that day. I did not even return, after making the new call, expecting that the child would be dead; but at five o'clock I was agreeably surprised by the father coming in to tell me that they did not know what to make of the baby, he was crying so loud. On going to the house I found that, soon after giving the apis, the child had turned pink all over, as they expressed it, and in an hour fairly flooded his

clothes with a flow of urine, and since then had been crying. On examination I found the reaction complete, and, concluding his cry was one of hunger, gave him a bottle of breast milk, and soon the youngster was in a sound and natural sleep, and went on to an uneventful recovery."

Carduus Marianus IN VARICOSE VEINS.—Dr. S. J. Smith,³⁸ Filley, Neb.—. . . In after years I learned of a successful treatment for this condition. So when Mrs. B. called on me and asked if I could do anything for her varicose veins, caused by pregnancy, I told her yes. I have attended her twice in confinement. Each time she has used the medicine with good results. Mr. K. consulted me about varicose veins in his wife—"her third pregnancy. With each child she had this trouble with her legs. Her mother had been troubled in the same way." Everybody said that nothing could be done for it, but he thought that there ought to be some relief. I told him that there was, gave him the following medicine, and the results were satisfactory:

R Carduus marianus..... 3 ij
Elixir simplex..... 5 vj
M. Sig. One teaspoonful four times a day.

As near as I am able to learn, the credit of calling the attention of the profession to the use of this remedy in this disease is due to Dr. Windleband, [a homeopath] of Berlin. I never have found anything on this remedy outside of homeopathic literature, where they say: "It is especially indicated when there is a relaxed state of the mucous membrane of the stomach, as evidenced by recurring flatulence and diarrhea, especially when the stools are clay-colored; specific against some diseases of the liver, spleen, and kidneys, caused by the abuse of alcoholic drinks, especially beer; specific against varicose ulcers of the lower extremities. Dose, from 1 to 5 drops of the mother tincture given three times a day. . ."

An exchange asserts that turpentine in usual doses, according to age, is a specific against mumps.

For the nausea that so often follows the use of opium or morphine, Garrod says nothing is better than coffee or caffeine, tea or saline aperients.

STROPHANTHUS HISPIDUS.*

H. E. K. MINTY, M. D., Chicago, Ill.

THIS drug, which is used rather extensively by some homeopathic physicians, has never yet been proven by our school, to the best of my knowledge. The nearest approach to a scientific proving, so far as I have been able to learn, is recorded in vol. vi., p. 664, of "The Reference Hand-book of the Medical Sciences," where we find Dr. Fraser reading a paper before the British Medical Society in 1885, viz.: "The pharmacological action of strophanthus appears to be an extremely simple one. It may, I believe, be described in the few words that it is a muscle poison. However introduced into the body, it increases the contractile power of all striped muscles, and renders their contractions more complete and prolonged. In lethal doses it destroys, besides, the capacity of the muscle to assume the normal state of partial flaccidity, and causes the rigidity of contraction to become permanent and to pass into the rigor of death. As a result of the action on muscle, the heart is early and powerfully affected. It receives a larger quantity in a given time than any other muscles of the body, and therefore it probably is that strophanthus affects its action more distinctly and powerfully than it does that of the other striped muscles; indeed, by regulating the dose, a very distinct pharmacological influence may be produced upon the heart, while the other muscles remain apparently quite unaffected."

Dr. Fraser's mode of reasoning is—to say the least—peculiar, in that it ignores the whole motive power of striped muscles. It would be interesting for him to explain how these muscles could be made to contract if we deprived them of their sympathetic nerve connections.

Then again it would be instructive to be told how the heart "receives a larger quantity in a given time than any other muscles of the body," since it receives its blood through the very small coronary arteries, and, so far as we know, it could only receive it (the poison) from the blood. These arteries are only about the size

* This is an apocynaceous plant of Raboon, Africa, where it is used as an arrow poison, under the name of *ufe*, *ouwe*, or *ouage*; an exceedingly violent poison (phonias) is obtained from the seeds.

of a small quill, and we are not informed that the endocardium is an absorbent membrane.

But we read further: "In order to ascertain the comparative effect of strophanthin and digitalin upon the heart muscle, Dr. Fraser exposed the separated heart of the frog to solutions of these substances. He found that solutions of [Maxsai's?] soluble digitalin of 1 part in 100,000, of 1 in 50,000, of 1 in 10,000, and of 1 in 4000, each produced characteristic changes in the heart's action, but were not sufficiently strong to kill the heart; at any rate, not within two hours. With strophanthin, on the other hand, a solution of 1 part in 100,000 quickly stopped the heart's action in extreme systole; characteristic changes in the heart's action having previously been produced. "I then increased the dilution; and solutions of 1 part in 250,000 and of 1 in 500,000, of 1 in 1,000,000, of 1 in 2,000,000, of 1 in 3,000,000, of 1 in 4,600,000, of 1 in 6,000,000, and of 1 in 10,000,000, were each tried; with the result that the heart was characteristically affected, and killed by each of them. Even the almost inconceivably minute dose which was brought into contact with the heart, when a solution of 1 part of strophanthin in 6,000,000 was used, produced complete stoppage of the heart's contraction in extreme systole, in about twenty minutes."

The size, or rather lack of size, of these allopathic doses is decidedly refreshing to a homeopathist. The largest being equal to our 5x potency and the smallest (1-10,000,000) equal to our 7x potency, I am not sure how the doctor can make this agree with the statement that our doses are so small as to render them ineffectual in disease.

Then Mr. Bahadburji and Dr. Langgaard experimented with strophanthus in Berlin and found the symptoms to be about the same as did Dr. Fraser. "Physiological [?] doses reduced the number of beats to one-half, and made them more forcible; the heart filled well and emptied well. In rabbits very much the same thing was observed, the heart finally *stopping in systole*; the animal was sometimes convulsed before death. Respirations at *first increase*, later are *slower and weaker*. Diuresis is not marked in healthy animals." Dr. Hochhaus experimented on

a number of persons—in health, and suffering from different diseases. The doses for adults were from 6 to 12 drops of five per cent. solution of the seeds, three times a day for several days. “In 5 cases of well persons, 2 showed no results; 3, *increase of urine*; 2, *slowing of pulse*.

“In 10 cases of valvular insufficiency, with soft, compressible, irregular pulse, and marked dyspnœa, 2 showed very great improvement, 2 moderate improvement, 5 no change. One improved remarkably, but died suddenly on getting up. In some of the cases where strophanthus failed, digitalis was used with benefit.

“In 18 cases of enlarged, weak myocardiac hearts, with diminished urine and weak, irregular pulse, 10 were more or less benefited and 8 not improved; of the above 10 who were benefited, 6 had been for several months in the hospital, and most of the different heart-strengthening medicines had been tried upon them. Digitalis acted quickest and best, next came strophanthus. In 19 cases of nephritis, 5 of which were scarlatinous, 1 of these was much, 1 slightly benefited, 3 not at all. In 1 it produced diarrhea. Of 6 cases of granular atrophy, 3 were helped, and 3 were not. The remaining 8 were cases of parenchymatous (nephritic) kidneys, with weak hearts, but little urine and abundance of albumin. Of these 3 were improved in all respects, 1 in respiration only, and 4 not at all.

“In 2 cases of pericarditis it did no good.

“In 2 of chlorosis, with functional palpitation, it was beneficial.”

Assuming these statements true, we are led to the cardio-acceleratory centers in the medulla as the true point of attack of this poison. The statement that the action is on the pneumogastric cannot be true, for the reason that there is never irregularity in strength of action conveyed by this nerve; it being the inhibitory nerve of the heart, any irritant to it will cause slowing of the heart's action, with intermittent pulse, but each beat will be as strong as all other beats. This is the action of digitalis, while strophanthus, according to the above authors, causes an irregularity in the strength as well as in the number of beats; again, we are not agreed with the author as to its being a direct poison to the

heart muscles, as the symptoms all point to functional diseases and not organic lesions of this organ.

A comparison with digitalis is interesting, in that both cause functional cardiac disturbance, both cause weakened heart-action, both cause irregularity of the heart; but digitalis causes a regularly irregular heart, while this is not true of strophanthus. Digitalis acts through the pneumogastric, while strophanthus acts through the sympathetic. Neither one has any special relation to the vasomotors, but strophanthus extends its action to the renal branches of the sympathetic, as proven by the increase in urine noted above. Doubtless strophanthus will prove a valuable remedy, when proven on something besides the separated heart of the frog. This has always seemed to me a strange way to study physiological action. That is: cut the heart out; then guess at how it acted before and after; then split the difference, for a scientific knowledge of the matter.

RESTDY OF DRUG EFFECTS.

By THOMAS CATION DUNCAN, M. D., Ph. D.,

Professor of Practice of Medicine and Diseases of the Chest, National Medical College, Chicago.

WE have an epidemic now and then of severe criticism and threatened revisions of our medical material—*materia medica*. It seems that another is threatened us. The proposition is a surgical operation—elimination. Before that occurs a few suggestions are offered and a few ideas submitted:

I. Remedies must parallel disease expressions.

II. Remedies must also have pathological bases.

III. The focal onset of the disease determines usually the extent of tissue change. This is the primary part of the attack.

IV. The last symptoms developed in acute diseases are, as a rule, the getting-well symptoms—the reactionary or secondary symptoms.

V. The “getting-well symptoms” are the ones our remedies are supposed to hasten to appear and disappear.

VI. The curative (curing) symptoms of a drug, then, must be similar to the “getting-well symptoms” of the disease—*both secondary*.

VII. Drug pathology should be developed to correspond with disease pathology.

This will necessitate many more experiments. Toxicology has made a beginning, but we need more. We need a text-book of this nature to put into the hands of first-course students. If materia medica is to be taught, as it should be, every year of the four, and graded, it will be difficult to select text-books on materia medica for each year from the present list—arranged as they are more for therapeutists or practitioners.

VIII. Therapeutics (or practice, if you prefer) seems to demand another recasting of our medical material, so that the secondary symptoms of drugs may be available as *guiding* symptoms.

Works on characteristics fill this want to a certain extent.

THE NEEDS FOR DRUG STUDY.

IX. In drug *study* proper we should have available the day books and records of the original observations. We will get them some day, when demanded by our specialists.

X. We need both the primary (toxic) and secondary (functional) symptoms or effects well brought and given separately.

In our present materia medica storehouses they are mixed. We should know, *e.g.*, that digitalis causes, *first*, a rapid heart and pulse; and then, *secondarily*, a slow, weak pulse. [For it is curative in "all heart troubles accompanied by an irregular or intermittent pulse—small and slow."—Hawkes]. Stropanthus produces (on the writer), *first*, a slow, intermittent pulse, and secondarily, a rapid pulse—hence it antidotes the effects of stimulants and digitalis. Cratægus (the new heart drug) acts like digitalis, but it produces, *secondarily*, a strong, slow pulse.

XI. In the present undeveloped state of many drugs, it is impossible to tell in what way they act upon the circulation.

Whooping cough has developed insufficiency of the pulmonary valve. Drosera, a valuable whooping-cough remedy, has not a single recorded heart or pulse symptom (*vide* Allen's "Encyclopedia of Pure Materia Medica"). If any reader has noted any, the writer would be pleased to secure them.

XII. If our drugs are undeveloped as to heart

effects, they must be defective at other points. Other specialists can bear witness.

XIII. If our drug pathogeneses are undeveloped, how can the specialist parallel them with each other for comparative study? More than all, how can the general practitioner compare them with cases of disease? The fact is that we do not as we might.

XIV. Finally, have we any work or arrangement of the materia medica that gives the *course of action* of the drugs?

Something similar to the study of the course of disease is wanted. Dunham's "Lectures on Materia Medica," perhaps, comes the nearest to it of any work we now have. No one complains that we have too many works on practice; why should we think of limiting our armamentarium?

If the foregoing outline of the state of drug development is rightly interpreted, we still need:

(a) A work on the *pathology of drugs*.

(b) A work that gives the *course of action* of drugs.

Possibly these two might be developed, and condensed into one, by an expert pathologist. The "Cyclopedia of Drug Pathogenesy," a valuable work, does not cover this phase of drug study.

(c) The primary and secondary symptoms should be separated.

It should be made clear which are secondary and should be therapeutic and guiding symptoms—according to similia and the law of cure. Possibly this would be best worked out along the line of the various specialties, in separate books on practice or therapeutics. Heart drugs and their therapeutics now engage the attention of the writer.

(d) It would seem that more comparisous, especially along the line of primary effects, with primary effects, *et seq.*, should be worked out (1) To ascertain the comparative diagnostic features of drug effects, and (2) to facilitate their comparative selection. These should be works on materia medica. Possibly the title, Comparative Therapeutics, might secure a better sale for the work.

(e) Lastly, we greatly need a work that will gather up and include the valuable fragmentary provings, experiments, poisonings, etc., that are scattered through medical literature.

All of these should not lessen, but rather increase, the demand for those great storehouses, viz., "Cyclopedia of Drug Pathogenesis," Allen's Encyclopedia, and Hering's large collection.

By the way, we might arrange our materia medicas into three or four classes :

1. Original collections, provings, experiments, etc.
2. Comprehensive collections of drug effects.
3. Rearrangements and condensations of symptoms.
4. Works that restudy drug effects. These latter are therapeutic rather than materia medica contributions.

A restudy of drug effects should enlist the active interest of all our specialists and all of our leading journals.

MATERIA MEDICA DISTRUST.

HOWEVER could you do it, Brother of the Minneapolis *Homeopathic Magazine*? Here is the *New England Medical Gazette*, in its dulcet "prunes-and-prisms" way, classing us—you and we—in the category of unShakesperean and unChaucerean wielders of the Queen's English; attacking us, because we—you and us—have been using undignified language while discussing certain overwarm college and Institute topics. And, now, you turn upon us (we) with your charges of fetich-worship because we have stood up, facing the light, for the old-fashioned homeopathy. This is *so* sudden! How could you? But are you justified in your strictures? You remember what you wrote a little while ago (quoted by the *N. E. Med. Gazette*) of the Professor-habit of the American Institute of Homeopathy: that is to say, that the Institute is being run by a ring of professors to the exclusion of the young man—possibly one from Oshkosh—who knows?—you remember that, don't you? Well, isn't that just about what we (us) are hammering upon? Namely, that some of these same professors, who have been to the homeopathic hosts as a pillar of cloud by day, and a ditto of fire by night—that these same professors having supped overfull upon the "imperfect" materia medica, and having lost the pearl of great price, the key to homeopathic success in the later years of science-chasing,

they are now trying to kick over the festal board, and befool the stream so that others of us, who are still living a precarious existence on shucks and unpasteurized water, wearing rubber boots on week-days, and black kid gloves on Sunday, are like to starve and perish to death. You were not present at Detroit, were you, to note the confusion resulting from the attacks of those same professors on the Law of Similars? and, possibly, also, you were not a listener to the forensic eloquence which assailed the Institute ear at Buffalo on the night of the second session of that materia medica conference. If you had been, it is altogether likely that, being a young man, a Western man, and a fearless champion of *honest* homeopathy, you would have clung closely to your anti-professorial attitude. We (us) were there on both occasions and, therefore, knew whereof we made our plaint.

Moreover, dearly beloved, don't get mixed up on our idea of materia medica. Understand us at the very beginning that we are not an apologist for those crack-of-doom lists of "symptoms" which a dozen, more or less, of symptom-hunting maniacs of the deodorized-moonshine and X-ray stripe are trying to graft upon a long-suffering profession, under the guise of materia medica! You and us (we) know this is not materia medica, any more than it would be to speak of a new speculum or a new form of electrode as surgery or electricity! If that is the intention,—to eliminate those interminable lists of recondite symptoms that insult all human intelligence,—then the Repairing and Renovating Committee will have no more faithful ally than us (we). But there are certain time-honored, well-established remedies in the homeopathic materia medica, which have become inextricably woven into the hundred-year history of homeopathic remedial agencies, with which no Committee or Conference, however great, or however officered, or however many professors it numbers, has any business to meddle except for good and sufficient cause—which cause this same Materia Medica Conference has not yet shown. Sir?

If DISTRUST, in large caps, has not been engendered by these two sessions of this Conference, in the hearts and minds of those who

for so many years have believed not alone in homeopathy as *The Science of Therapeutics*, but as well in the ofttime enthusiastically delivered public and class experiences of those selfsame but now condemnatory professors, may one ask, per contra, what good has come, or can come of this public smudging of the homeopathic crime? That Shakspearean character who broke up the green-eyed and brown-skinned Moorish general did not make one positive allegation of unchastity against the fair Desdemona; but when his machinations were completed both Othello and Desdemona had been gathered unto the marble embrace of their fathers! So, too, in "Romeo and Juliet," after that good-hearted and kind-intentioned friar (the preacher man of his day, who was also a meddling doctor, being skilled in the use of "baleful weeds and precious juic'd flowers")—after he had pulled every conceivable "pull" for his lover-patrons, and was done, both Romeo and Juliet were also done,—indeed one might fairly say, well done,—for both slept, the one in the ancient tomb of the Montagues, while the other, the fairest flower of all the Capulets, though dead, remained unsepulchered, awaiting the recall before the footlights to receive the remainder of the self-purchased floral testimonials. By this classical apostrophe we aim to show, not alone our Shakspearean erudition, but, first, that the best-laid plans of mice and men gang aft aglee; second, that there is not a more fearful wild fowl than your ill-advised but good-intentioned reformer, and, finally, that the most fatal weapon with which to slay a man or measure is that same capitalized DISTRUST!

Think, for a moment, Brer Dale, of the thousands of homeopaths who are not in membership with that chiefest homeopathic body of all the world; who cannot or do not attend the sessions—and very much because of some of the reasons enumerated by you and Strickler—but who yet listen to the wisdom and gather up the pearly pearls which drop annually from the Institute Nestors; these non-affiliated members of the profession, who, because of that very non-affiliation hear but the one side of the case, and that necessarily the seamy-side, the reports of the Renovating Committee apparently appointed

to sweep out what little of homeopathy remains in many of the modern schools—the reports of those Progressive, Scientific, Iconoclastic Committees which fear no divine wrath for touching the homeopathic ark of the covenant; which dare touch with a profaning and defiling finger even the cerements of Hahnemann himself; out of all these non-affiliated and still hard-working members, the pioneers and sappers, the medical circuit riders, among whom as yet the operating itch has not found lodgment, to be followed by the flaming sword of scientific skepticism—out of all these, Brer Dale, what can you expect? Will *they* be inspired with CONFIDENCE, in large caps? Will this method of purifying our mother's reputation, by tearing it in sunder with vandal hands; will this Professorial Controversy of tweedle-dee and tweedle-dum;* will these or any of these strengthen the hands of those toiling thousands of our brethren—those who still depend upon the INDICATED remedy and the totality of the symptoms for the bread which nourishes their bodies—which quiets and assuages, if it does not always cure, that pain-racked human tenement of the spark Divine? Will it not, in very deed, strengthen the hands of the enemy, the allopath across the street or on the other corner, who no longer needs to draw upon an "inflamed imagination" for assaulting weapons wherewith to smite his sweet-sand and drops-of-water antagonist, but may now quote, with boldness and assurance of conviction, directly from the annual Transactions of The American Institute of Homeopathy, Anno Domini, 1897, page thus and so, beginning at the 'steenth line from bottom of page?

Look again at that "undignified," "unShakspearean" editorial of ours, Brother of the Minneapolis *Homeopathic Magazine*, and see if we said aught in disparagement or discouragement of a proper *privately* investigating Revisory Committee; you will perhaps find that our unChaucer-like language was directed at that effort which aimed to substitute for the Hahnemannian method the method of the Baltimore Investigation Club, and which the same, the latter, is based upon the *Cyclopedia of Drug Poi-*

* *For* the Report made and adopted as the summing up of the Conference's deliberations!

sonings! If that be fetich-worship, make the worst of it! We believe in the Hahnemann-fetich in medicine as we do in the Christ-fetich in religion, with no desire to be blasphemous. Ah, brethren, if Timothy Field Allen, that foremost materia medicist of his day; or William Tod Helmuth, the sweet singer of our profession but yet a *homeopathic* surgeon; or I. Tisdale Talbot, that lover of homeopathy in general and of the American Institute of Homeopathy in particular, or any thereof, had been in ear-shot distance on that second night of the materia medica conference at Buffalo—Cowperthwaite and Mohr, and Dewey and Shelton, and one or two others of the Old Guard would not have been left to fight an unequal battle for the Old, Old-Fashioned Homeopathy! These three surpassing homeopaths and faithful men of the Institute, though long since attained to the pinnacle of homeopathic success, have not forgotten, nor do they malign, the horse that brought them safe out of battle!

AS TO BRO. KRAFT.

"Queer [says the *Medical Visitor*] that Bro. Kraft does not resign from such an illiberal, bigoted, near-sighted society [The American Institute of Homeopathy] which has outlived its usefulness."

Not at all queer, since Bro. Kraft believes the best way to serve a ship if in distress is by *not* deserting her! Some other recent happenings, under the presumed sanction of that great body, might tempt us to follow out the *Visitor's* hint, except that we know that the handful of non-wire-pulling "workers" at the annual meetings do not represent the whole body of the membership, any more than the Harrison office-holders at Minneapolis, some years ago, represented the Republican party; the election showed the mistake. The American Institute of Homeopathy is a large body, and these are proverbially slow in movement; but it is awake and alert and will likely enough take things in its own hands very soon. It is vastly greater than the apparent manipulators of its offices and committees and chairmanships. We believe in the American Institute of Homeopathy. We joined its ranks within three months following our graduation and have grown up with it. We did not wait

from 1874 until 1889 before joining, and then, only, under the spur of a rival journalist. We have criticised some of the acts of the Institute, but never with malice; and have had the satisfaction of noting prompt changes in the subjects criticised. We have no present intention of resigning.

Bro. *Visitor*, and a number of its readers, instead of throwing encaustic tile and red brick bats at the Institute because a little, ephemeral sub-committee does an unwise thing, or because one of its accidental officers (who went to the head of the class on the day after the regular election because the other boy was sick and didn't come to school) has been making an unseemly exhibition of himself,—as we were going to say, when our emotions derailed us,—the *Visitor* could do some splendid work for honest homeopathy by joining the Institute, helping to direct its course, and peremptorily and finally giving the Frosted Hand and Icy Stare to the two or three petty societies which meet annually in the shadow of the Institute's sessions. No, Bro. *Visitor*, the Institute is not dead. Nor is it sanctioning any such oppression as is in evidence from that Intercollegiate Committee. It will be found on investigation, we believe, that that Dunham report was most likely written in Chicago—months before the Institute met at Buffalo: that it was accepted by the sub-committee and by them referred to the Intercollegiate Committee, who received it in a perfunctory manner, glad to be rid so easily of a troublesome duty, and yet more glad to escape another day's bed and board at the Iroquois. Wait till that lover of the Institute, Talbot, appears in that committee! Wait until the Institute lines up at Omaha! We believe there will be no need to retain the personal services of a prophet to predict the result.

A SPOILED APPENDICITIS.

IN a city built upon Lake Erie a little girl of nine was taken suddenly ill, toward midnight, with "stomach"-ache. The family physician being absent, attending to duties other than those necessitated by his profession, a near-by practitioner was called in, who, looking the case over, was dubious about the stomach-ache and rather hinted at something far more grave. But he would not push matters until morning.

Medicine prescribed failed to ameliorate the symptoms. No bowel action. Pains intense in right side and radiating to navel. Some vomiting. Great fever and delirium. Practitioner thereupon pronounced it appendicitis, and advised immediate operation. Consultation of family decided to call in the specified surgeon and take his counsel! He came, he saw, and he wanted to operate! Strange, wasn't it? The grandmother alone held out for medical treatment of what she believed to be inflammation of the bowels, the child having twice before had such attacks. Asked permission and finally insisted upon giving the child salts and enema, and a good old-fashioned poultice over the painful area. Surgeon and his friend, the near-by physician, washed their hands of all responsibility for the wait, and of the consequences when the operation would be done—for there was no possibility of a shadow of a doubt that this was appendicitis and operation must be done! But the professional unexpected happened; the grandmother's salts and enemas brought on a stool which to homeopaths would be likened to that for which homeopathic opium is given, understand? Then that which should have been learned at the beginning was learned, that the child had at bedtime surreptitiously filled her pockets, and later her stomach, with raw chestnuts. That's all there is to the story—unless the homeopath would like to know that this is a homeopathic family; that the near-by physician and his surgical ally are "regulars"; that the little girl was up and out of the house twenty-four hours after the second movement of the bowels; and is, at this moment of writing, attending school. No, there is no moral.

THE FREE DISPENSARY EVIL.

SO much has been and is yet being said of the evils inhering in the free hospital and free clinics of New York that it has caused some of us outside barbarians to wonder why there should be this trouble in New York, where the doctors are a protected trust of the first magnitude. If there had been the usual inflow and outflow of doctors into New York city and State as is common with any other State or city of the Union, barring one or two other Holier-Than-Thou communities, then it might seem that the profession is overcrowded and some thereof must needs take to the guerrilla practice in hospitals and dispensaries, and monthly-payment quackery, and the other some many easy-money-making advertisers of the profession. But all this we have been assured is not the case. New York is a close community, set aside by its people from the contaminating touch of all the other of the United States, because its people

have been in greater danger of their lives because of the un-boarded doctors of other States, and are, therefore, fenced in and rounded up in a little bunch all by themselves. Surely there is enough of milk and honey and Raines-Sunday-hotel lunches, to go around among the few and happy inhabitants of this famous medical district. What, then, the need for this resorting by some of the profession to charity work and free dispensary work, and non-advertising hospital work, and all the other kinds of professional work which so great and so good a community as New York should not tolerate in its midst? Again, in a city which is so lavish with its reform ideas (Van Wyck, mayor) and its faith so unbounded in legislation for curing all the ills flesh is heir to, cannot that blessed compelling-engine be oiled up and set in motion to forbid the people from patronizing these cheap medical shops of the Empire State? Or, why not get right to the root of the matter, and legislate these hospitals and clinics and dispensaries out of legal existence? Surely it is an easy matter for the New York physicians to still further surround themselves with protection and yet more protection, so that the inhabitants will be ultimately compelled to hire these selfsame physicians and thus make life, as to them, the said physicians, one perpetual summer morn.

The other thought, suggested recently by reading a lurid description of the patients at a popular clinic and hospital, is this: Who builds the hospitals, the clinics, the colleges, and the free dispensaries? The poor? Don't we know better than that? If we answer, as we must, to continue in the line of truth, why is it wrong for the wearer of a sealskin sack, and a Stetson silk hat, to apply for treatment in that institution for whose erection and permanent establishment they contributed most lavishly? Have not the sealskin sacks and new silk hats rights as well as the filthy calico and greasy homespun? Take that Vanderbilt Clinic, with all the Vanderbilt thousands locked up in it; is it wrong, under any law known even to the law-loving New Yorker, for some member of that same family to apply for free medical or surgical aid? Of course it is the common practice, and cheerfully engaged in, to throw sarcasms and literary refuse at the rich who have made it possible for a handful of us non-advertising doctors to have fat offices in a hospital or clinic or dispensary. But is it just the fair thing?

YOUNG MEN IN OFFICE.

SO far we have found but one champion of the "old and only reliable" specialist as a constant and recurring factor in chairmanship appointment of important Institute committees,

because the young man, by reason of his appointment, might leap at once into undeserved prominence as a specialist in the department over which he was called temporarily to preside. We believe Dr. Ludlam has not considered this point as carefully as he is noted for doing generally. A young man, one taken from the ranks and placed in charge for a twelvemonth of some American Institute Committee, is no more apt thereafter to blazon himself a specialist than the repeated appointments of old-timers could tend to their professional debasement. But suppose that were the truth—that some young man might develop microcephalus—would that be any good argument for *not* putting the young man in front once in a while and giving him a chance to win his spurs? We might find that some one of these young men had in reality transferred the marshal's baton from the knapsack to the dexter fist. There may be other mute, inglorious Ludlams, Dunhams, and Herings. Give the young man a chance in the Institute. No man by taking thought, or a committee appointment, can make himself a specialist—one that will seriously interfere with the old and established parties who have been at it long enough, and made money enough in all decency to retire for the remainder of their natural lives.

THAT MONUMENT.

THE Ladies' Hahnemann Monument Association is a *fait accompli*. The papers lie before us, giving the names of the officers and a copy of the By-Laws. Mrs. Joseph T. Cook of Buffalo is president, and Mrs. A. R. Wright, also of Buffalo, is treasurer. The object of this association is to raise money wherever homeopathy is recognized in this country, for the completion and erection of the artistic monument of Samuel Hahnemann, now in the sculptor's hands. The Association is considering the appointment of honorary vice presidents in each State and Territory, whose duty it will be to make the special canvass of that State or Territory. As all moneys secured are eventually to pass into the hands of the treasurer Mrs. Wright, those localities in which no vice president has as yet been appointed may send their contributions directly to Buffalo. We are heartily glad that the ladies have taken this matter in hand. They will make a success of it, sure! The men have about worn themselves out with their idea of the proper mode of securing the necessary subscription, and it isn't much to their credit that they haven't accomplished more. Therefore, Brethren of the Mild Power, send in your new subscription at once to these ladies; or, when that State vice president knocks upon your

office door, receive her gladly and subscribe liberally. There was never a better cause in all the world, since Hahnemann gave us this wonderful system of medicine, than this effort to honor him and ourselves with this beautiful monument at Washington.

THE DISEASE: DIABETES.

THAT was a very clever bit of prose-poetry published by the London *Homeopathic World* for October 1, 1897, under the guise of a letter to that journal from Hahnemann, having reference to the proposed proving for diabetetic remedies of the British Homeopathic Society. The pretended Hahnemann takes up the circular of Dr. Hughes, which is a call on the members of the B. H. S. "to carry out a proving in a manner consistent with the importance and position of the society, as an effort to set the homeopathic treatment of diabetes on a firmer basis of scientific accuracy." Whereupon the pseudo-Hahnemann cries out: "Dear good man! he has spent so much time criticising my methods and showing to all and sundry what is *not* homeopathy, that he seems never to have found leisure enough to discover what—as I understand and enunciated it—homeopathy really is. He speaks of 'the drugs used in the treatment of diabetes.' Does he really believe that diabetes is a *thing* to be treated? Why, there are plenty of his friends the allopaths who could tell him that there are no such things as diseases, but only diseased people. And as for the drugs used in the treatment of diabetics, if all the drugs that diabetics may find useful and curative are to be included, Dr. Hughes has a large task on his hands—practically the proving of all the drugs in the *materia medica*."

After quoting the language of the circular giving minute direction for proceeding in the hunt for provings of medicines to cure diabetes, the ghostly correspondent continues:

"Dear! dear! dear! When I think how we built up in the old days those pictures of aconite, arsenicum, belladonna, bryonia, nux vomica, pulsatilla, sulphur, and the rest, without knowing anything of Winchester quarts with paper gummed outside and a cheap funnel in the neck, saccharometers, ureometers, and such like, I understand how some persons must despise our work as unscientific. Nevertheless it stands the test of practice!

"Now I should be sorry to damp the budding enthusiasm of the would-be provers of the B. H. S., but I must ask you to let me give them this word of warning: on the plan proposed to them by Dr. Hughes they will have, as a result of all their labor, a large collection of very scientific and very useless charts and

and many, many Winchester quarts of more or less useful liquid manure. As for any genuinely vital symptoms, should they by any possibility turn up, depend upon it my good candid friend will find some sufficient pretext for ruling them out. I have long been hoping for better things from Dr. Richard Hughes, but I see it is too late now to expect anything different; he does his best.

"We take no note of time here, of course, but if we did, I should say that after a century of homeopathic experience things ought to be a little more advanced—even in the British Homeopathic Society.

"Yours,

"Elysium.

"SAM. HAHNEMANN."

"(Dictated.)

Book Reviews.

LECTURES ON NERVOUS AND MENTAL DISEASES.

By CHARLES SINCLAIRE ELLIOTT, M. D., Professor of Nervous and Mental Diseases in the Kansas City University; Consulting Neurologist to the Missouri State Insane Asylum. New York: A. L. Chatterton & Co., 1897. Cloth, \$5.00; Leather, \$6.00; Half-Morocco, \$7.00.

Professor Elliott does not pretend to have written an original book on this latter-day topic; but he has arranged his matter from lectures delivered by him during nine years in the various school positions, and embodied therewith all that he could find bearing upon his subject in current medical literature. Thus he has given the profession a book which is necessarily new, since the subject, or rather its treatment, is of so recent a date—and a book that will prove attractive even to the practitioner who has not cared to make a specialty of nervous diseases. The literary composition is bright and strong; no time is wasted in being ultra learned or dignified, though the diction shows that Dr. Elliott is both when needed. He has eliminated all the usual dead theories—meaning by that, the customary recapitulation of the ancient methods which have been exploded,—and at once introduces the student or the reader to the present-day methods in handling this class of disorders. The engravings are especially fine—being done, many of them, in colors; thus clearly outlining the parts one from the other, and making a lasting impression upon the reader. The engravings have, all of them, an appropriateness which bespeaks their merit. It is a large book, but well written and well presented. It touches, we believe, upon every phase of mental and nervous diseases, and in many parts reads almost

like fiction, because of the peculiar things of which it speaks. Indeed, can there be any subject under the sun more mysterious, and at the same time more interesting and painful, than the question of insanity—that "infirmity of great minds"! Manifestly this is a book that cannot be reviewed as could a book on *materia medica* or any other subject which deals almost wholly in opinions; being a specialty of the higher order, replete with all manner of mechanical devices and suggestions; but in so far as it does deal with homeopathic medication, there is no doubt of the author's form of medical belief. The book must be examined and noted to fully appreciate its value. The mechanical parts—the typography, the printing, paper, and binding—leave nothing to be desired.

MEDICAL AND SURGICAL DISEASES OF THE KIDNEYS AND URETERS. By BUDD G. CARLETON, M. D., Genito-Urinary Surgeon and Specialist to the Metropolitan Hospital (Blackwell's Island), Department of Public Charities of New York City, and the Metropolitan Hospital Polyclinic; Late Visiting Physician to the Ward's Island Hospital, etc., etc. Illustrated. New York: Boericke, Runyon & Ernesty, 1898.

Dr. Carleton gives the profession a valuable book and upon an exceedingly interesting subject. Next to insanity there seems to us to be no more interesting and important subject for medical discussion than the kidneys and ureters. In both departments of pathology we find the cause of most of the modern deaths—especially among the males. There seems to be that in the whirl and rush of modern life tending to break down the kidneys from excesses of one form or another; and the brain is likewise destroyed from the excessive demands made upon it. Dr. Carleton handles his subject in a masterful way; brings his authorities in witness; and presents the matter in such attractive form that it appeals to the general practitioner as a good book to have near at hand. In forty chapters he traverses the whole subject and in every aspect of it, giving many very good photomicrographic plates; while especially good are the homeopathic remedy indications. The printing and binding and general make-up of the book are in the main excellent—though something might be said of the chapter head-lines marring the otherwise pretty typography, by their "loudness" of color and display.

In all forms of congestion and inflammation of the rectum, hot-water enemata, medicated or otherwise, are indicated for their soothing and depletant effect.

Correspondence.

AS A MATTER OF COURSE.

"I have got to have all my evidence in shape—
so as not to get tripped."—GATCHELL.

Editor of THE AMERICAN HOMEOPATHIST :

After reading your recent editorial I am impelled to tender you my earnest sympathy and also to solicit the publication of the following communication that was sent for publication to the editor of the *American Observer* eighteen years ago. The original manuscript is in my possession, and the genuineness of it can be established by autographic letters from its author, also in my possession.

I feel that your services as an outspoken editor deserve this at my hands ; and also fearing that your services to the American Institute of Homeopathy may not receive that consideration which they amply deserve, I utter my *Cave canem!* for the benefit of whomever it may concern.

I also, over my sign manual, assume every responsibility, moral and legal, which the publication can possibly involve.

"Editor *Am. Observer* :

"I notice in the July No. of your journal some statements with reference to the 'Committee of Nine' and Prof. Jones, which are wholly erroneous and not in harmony with the facts and which are calculated to do an injustice both to Prof. Jones and to that Com. You have evidently been misinformed.

"Dr. A. I. Sawyer is still a member of the 'Com. of Nine,' his resignation was laid upon the table, we shall need him when we report to the State Society.

"The remainder of the Com. gave ready ears to the slanderous talk about Prof. Jones' is your language. The 'slanderous talk' to which you refer and presume was the 'talk' of his two colleagues* both to the full committee and to a sub-committee, viz., Drs. Covey, L. M. Jones and Grant, which was appointed at the request of the Chn. of the Com., Dr. I. N. Eldridge, to introduce and listen to the talk of those two gentlemen. This interview lasted from about 9 o'clock, P. M., till about one o'clock, A. M., of the next morning; this was at Ann Arbor and in the parlors of the Gregory House, June 24 and 25. This 'talk' was rather of a slanderous character, so much so, and backed by so little of proof, that the sub-committee rejected the greater part of it, although it was written out by one of the 'colleagues' referred to himself, and [who] did not present it to the full committee, or, if any, but a small portion of it; and it consequently was not incorporated in the petition or report to the Bd. of Regents (which report, by the way, was never presented to that board at all) consequently the Regents had no opportunity to listen to them, or 'not to listen to them' as you report. The report was suppressed by or through the agency of those whom Dr. Geo. L. Stone, on page 326 of same No. of your journal charges with having gotten up, or 'appointed' the Com.

"That report, by the way, was in part made up of the formal and written resignations of Profs. Franklin and Gatchell in case Dr. (Prof.) Jones was retained; but for reasons best known to themselves, probably because they came to think that of valor, discretion is the better part, it with the rest of the report was suppressed and their resignations thus withdrawn!

"The report actually made by the committee was a fair and candid document stating the convictions and the conclusions of the committee as to Prof. Jones without asperity or bitterness and wholly free from vindictiveness; had it to make its report over again doubtless, a more just one as to all concerned would be made out, and the respon-

sibility of this whole business made to rest where it fully belongs, and that would not be on the shoulders of *any* one of the faculty.

"The 'Com. of Nine' was well convinced from what it saw and heard on the occasion of its Ann Arbor meeting that there was to say the *least*, a method in the madness that projected its formation and [in that] of those who sought to control its action, and did not succeed in doing it.

"By inserting the foregoing, Mr. Editor, I think that you will subserve the cause of truth, and also relieve our unfortunate committee of the weight of unjust aspersions, either as to its purpose or action.

"(Signed) T. F. POMEROY.

"One of the 'Com. of Nine.'"

"DETROIT, July 28, '79.

Subsequent to this midnight meeting of the committee of "ways and means," Dr. Pomeroy informed the present writer that if there had been no fire in the stove of the room in which my "colleagues" indulged in the alleged "slanderous talk," much of the material written by the present editor of the *Era* could be found. In the presence of living witnesses the present writer reclaimed the written, rejected material, sealed it and laid it away. This material, *torn as it was*, found its way to a regent of the University of Michigan just before the present editor of the *Era* handed in his last "resignation" to the then Board of Regents of the University of Michigan.

When, on that honorable occasion, my "colleagues" approached the late Regent Rynd, then chairman of the Committee on the Medical Colleges of the University of Michigan, he informed them that he knew how their "report" had been made and obtained; that he would receive and present it to the Board for their consideration, but this was coupled with the assurance that the *heads of the presenters* would "go off as soon as that report touches the table." Whereupon the report, the resignations and the present editor of the *Era* were, suddenly, *non est inventus!*

On the 31st of December following, Dr. Rynd's term of term of service as regent expired, and at the end of the following June a report *having the same parentage* was presented to the Board of Regents.

Dr. Jones had accepted his professorship in the University at the request of him that was Carroll Dunham; he had promised Dr. Dunham that he would give five years of his life to the endeavor to establish the *Homeopathic College* in the University of Michigan. That period of time had been filled with faithfulness; the promise had been kept, though Dr. Dunham had been in his grave four years. Dr. Jones had grown weary of the alleged "slanderous talk" of not only his colleagues. His resignation, up to that period the only voluntary one that had occurred in the Homeopathic Faculty, gave him—peace? No; he remained in Ann Arbor to live down the "slanderous talk," and to represent Homeopathy in Practice as he had done in Teaching.

Immediately after his resignation became known, Dr. Samuel A. Jones received a letter from the present editor of the *Era*—it is an *interlined* letter, as Dr. Charles Beecher Gatchell will remember—assuring him that he (Dr. J.) had the "commisseration" of the present editor of the *Era*, and furthermore assuring him that he, the present editor of the *Era*, had done his share toward bringing that resignation about.

For my sake, Mr. Editor, I should have disdained to write one line of this communication; for your sake I could not write less; and I leave the present editor of the *Era* to wonder at the magnanimity of one who could so easily and so truthfully have told so much more.

SAMUEL ARTHUR JONES.

ANN ARBOR, 6th of November.

["Exchanges, Please Copy." No flowers. Sir?—ED.]

* He that was E. C. Franklin, M. D., and he that now is—the editor of the *Era*. Note *not* in the original.—S. A. JONES.

Globules.

Is it true that a large segment of the class of the Hahnemann of Chicago, 1897-98, went over badly to the Chicago Homeopathic, because, as alleged, of unfair treatment of certain members of that class?

Major Butterworth, the famous politician, has been dangerously ill at the Hollenden, Cleveland. But under the ministrations of Dr. J. Kent Sanders he has now passed the critical point and is in a fair way to complete recovery.

I would be willing to pay any reasonable price for the following numbers of the *HOMEOPATHIST*, viz.: January 15 and February 1 of 1892, and September 15, 1895.

HENRI G. IDE,
Oxford, Mich.

The English homeopath is developing a fine and saving sense of humor when we consider that at the last writing from England we find that a new Hahnemann has arisen from the Shades to refute the other Shade of the Master who spoke his little piece in the *Homeopathic World*. This new Shade declares the other an impostor and heralds himself as the Real Samuel Hahnemann. And the fur flies!

We are called upon to chronicle the death, from Bright's disease, November 14, of Dr. George Allen, for seven years an official of the Middletown State Homeopathic Hospital for the Insane, and more latterly in charge of the Collins Homeopathic Hospital, also of New York. Dr. Allen was forty-seven years old when he died. From what we know personally of Dr. Allen, and from what has been told us recently by those who have been associated with him in business and private life, his was a most exemplary life in every way, and one whose loss to the profession is a loss to the world.

It is hardly the fair thing for a professor in a homeopathic college, while holding a clinic, to sneeringly refer to the use of a homeopathic remedy in this or that pathological condition. In the words of the immortal Texan, "What are we here for?" If we must air our peculiar medical obliquity let us at least restrict it to the company of those who, being in practice and knowing our "hell-bent" trend, will make proper allowance for our alienation; and not inject such petty infidelity in the body of a clinic before a class of students who have been sent to our college because we hold out the belief that we are homeopathic and will teach homeopathy. Small wonder that so many of the modern homeopathic(?) graduates are homeopathic degenerates.

Some members of the *Société Française d'Homeopathie* have united, so says the (London) *Homeopathic World*, to found a school of homeopathy. They will give every year a three months' course of homeopathic instruction. Graduates in medicine and French and foreign students will be admitted. At the end of the course those who desire it will be subjected to an examination on the subjects taught and a certificate will be granted to those who pass. This certificate will have no legal value, but will be a testimonial to their knowledge of homeopathy. The first course will commence at the beginning of November next, and will last to the end of January, 1898. The lecturers will be: Dr. P. Jousset, on homeopathy in general; Dr. Léon Simon, on materia medica; Dr. Marc Jousset, on therapeutics; Dr. Tessier, on cutaneous diseases; Dr. Love, on the diseases of children; Dr. Parenteau, on diseases of the eyes; M. Escalle, on pharmacology.

The Local Committee for the 1898 session of the American Institute at Omaha is well organized and at work. They held a banquet recently, to which the physicians of Nebraska and Western Iowa were invited, and an enjoyable evening was spent in discussing plans.

While there will be many attractions in Omaha which will be of great interest to all visitors, it is the plan of the committee to not interfere seriously with the regular programme and business of the Institute. The success of the great Trans-Mississippi and International Exposition is already assured. It will be second only to the World's Fair in national importance and beauty of design.

It has been thought best to appoint every homeopathic physician in Nebraska and Western Iowa a member of the Local Committee of Arrangements. O. S. Wood, M. D., is the chairman.

This notice of the good things to come suggests several things: First, That the Omaha "boys" intend to make the American Institute of Homeopathy welcome "regardless." Second, That, "following the meeting of the Institute there will be," etc. Mark that, please! Third, That the incumbent Institute president would do well to connect an especial wire between himself and the "Receiving and Locating Guests" committee, in order to find out who is present at the sessions, and thus secure a little *new* "timber" for committees, chairmanships, sectional work, etc., and not repeat in his appointments the weary round of professional chair-warmers.

Give the new members
the younger members, and
the Western members
a chance!

Which one of the eligibles of the American Institute is wearing the presidential lightning rod? Of the several now in groom, none so far wear the button gold or the ribbon red. Ah, the West, the Mighty, Mighty West, with its young blood and its zest, etc., etc.

Dr. H. E. Beebe, vice president of the Ohio Medical and Registration Board, lectured twice to the students of the Cleveland Homeopathic Medical College on November 1, and before the Cleveland Homeopathic Society the same evening. The college lectures treated of Medical Ethics, and the society paper was on the Organic Nervous System. In each instance, notwithstanding the inclement weather, a large and attentive audience was present to greet the speaker.

Ah, that "Professor" itch, to which Dr. Humphrey so feelingly alludes in his presidential address—when will its glory fade? Yet think a moment: What higher meed of praise in our profession than to have the undergraduates, with respectfully averted eyes and hat in hand, address you as "Professor"? The lawyer may, by dint of some acumen and much "pull," reach the presidential chair of the nation; the minister may become bishop; but what is left to the poor, plodding, unadvertising doctor beyond the earning of his twenty thousand a year, and leaving his family in dire want? Therefore, he aches for a professorship and, like the child in the Pears' soap ad., will not be happy till he gets it. Deal gently with this little infirmity which assails the best of medical men.

It is verily a cooling draught to a perishing soul to hear a homeopathic giant like Selden Talcott speak of the homeopathic materia medica as if he in fact believed in it! Indeed, have not his twenty and more years of active warfare against the old school in his public position shown by indubitable results that the homeopathic materia medica is a jewel beyond price! And he gives it "straight," too, thank you! How those bugteriological bones must have rattled when he referred to the mind symptoms of the different Hahnemannian remedies, and declared that in his large insane asylum he had reduced the percentage of mortality and increased the percentage of recoveries in appreciable figures. But, doubtless, Dr. Selden Talcott has not yet heard how "imperfect" and full of chaff that Hahnemann materia medica is: how many false beacon-lights it has to lure the unwary mariner to destruction. Perhaps he has seen the report of that secondary meeting of the second session of the Materia Medica Conference, and wondered what was the matter with some of those state's-evidence-turning homeopaths (limited).

Philip D. Armour, the Chicago millionaire, is said to be the only American who keeps a private physician in his employ all of the time.

A man named Winter recently married a woman named Frost in Vermont. It is not fair to assume that they will treat each other coolly—for the present.

The stomach of a dead man was recently introduced in the Probate Court in Milwaukee to show that the possessor was of unsound mind when he made his will.

Controlling the paroxysms of whooping cough can be effected, says Dr. A. R. Thompson, by the application to the spine of flannel wrung from hot water. It is, of course, especially useful toward night, when sleep is disturbed or prevented.

I notice a falling off in my office practice during the bicycle season and a general improvement in the condition of such patients as, having no organic lesion, ride the wheel during the summer months. The greatest danger in bicycle riding is to the doctor's pocketbook!—*Clifford Mitchell—The Hahn. Monthly.*

Dr. J. Richey Horner, formerly of Pittsburgh, has opened a fine suite of offices in the Permanent Block, Euclid Avenue, Cleveland, and proposes to devote himself exclusively to mental and nervous diseases and electro-therapeutics. Dr. Horner has but latterly returned from an extended study of these subjects in foreign hospitals and clinics, and a further post-graduate course in New York and residence-study and practice at the Middletown (N. Y.) Asylum for the Insane. Dr. Horner is one of the professors in the Cleveland Homeopathic Medical College, and is popular with the classes as well as the profession.

The Y. M. C. A. is on deck as usual this year. The Wednesday meetings are exceedingly interesting, and are having good attendance. Considering that the organization is hardly into short pants (this being its fourth year), the outlook is very encouraging. It is fast becoming an element of strength to the college. [N. Y. Hom. Med.] As was emphasized by Professor Doughty in his opening speech, these college days have a vast influence on our future career, and it is well to bring a little manly Christianity into them.—*The Chironian.*

Sir? Well, wait a bit. This is only the first issue of the new editors. Copy box was empty, so had to run the above "filler." Pretty soon there will be the usual record of pillow-throwing and other un-wyemsea practices. But the N. Y. Hom. Medical might do better than this. Don't you think so?

During last year twenty-two so-called Keeley cure establishments were discontinued because of lack of business.

In cases of paralysis agitans forcible extension of a finger of the shaking hand, Weir Mitchell says, may cause temporary cessation of the movement.

A Worcester (Eng.) young woman ate six wax candles to improve her complexion. She succeeded in making her skin very white, but not until it was too late to do her any good.

The number of medical practitioners in the United Kingdom has increased twenty per cent., during the past ten years, while the increase in population for a decade was only seven per cent.

Dench calls attention to the practical value of the fact that in disease of the perceptive auditory apparatus, the upper tone limit is lowered; whereas in conductive disorders the lower range of the notes becomes inaudible.

The students at one of the allopathic medical schools of Cleveland are indulging in the time-stained medical-student rowdiness. They took one of their Seniors and violently trimmed his bushy whiskers with dissecting scissors. And the faculty, to this moment of writing, have heard nothing about it!

The chief indications for paracentesis of the drum membrane, as practiced in Dr. Randall's Philadelphia ear clinic, are as follows:

(1) When there is great pain associated with a bulging membrane due to retained purulent secretion and the proper drainage canal through the Eustachian tube to the nares is impervious to gentle politization.

(2) When the tension of the drum membrane is high, but the bulging is slight, because the membrane has been thickened by a chronic otitis media.

(3) When there is insufficient drainage for the pus and there is danger of the extension of the inflammation to the antrum and mastoid.

(4) When the pain is excessive and unrelieved by the hot douche, and the tension of the membrane is high, paracentesis may be performed simply for relief of the pain.

Why do so many professors in homeopathic colleges insist upon defining materia medica to be symptomatology? It is no more right than it is to call surgery a knowledge of scalpels and speculums. Symptomatology is a means, as are the knives and ligatures. Wake up, some of you ante-flood practitioners, learn some real materia medica, and stop belaboring a man of straw. Take a post-graduate course in some good

homeopathic college where MATERIA MEDICA is taught in all its pristine value and beauty, and where the surgical professors will not convulse the receptive professor-worshiping undergraduate with burlesquerie of homeopathic symptomatology. Sir? Oh, 'most any of the present homeopathic colleges in the Inter-Collegiate Committee of the American Institute of Homeopathy do this, according to their blue and gold Announcements.

Abscess of the vulvo-vaginal gland is a condition that not infrequently is presented to the general practitioner for treatment. Simple incision, or incision and packing with iodoform gauze, is not sufficient for a reliable cure. The patient should be impressed with the fact that the use of an anæsthetic is imperative for her complete cure. The suppurating gland should, if small, be included between two oval incisions and excised. The wound is then closed by two or three sutures and primary union secured. If the abscess is large, it should be opened freely and the cavity scraped with a sharp curette till all the gland structure has been removed.

Dr. Talley called attention to this fact and emphasized it by exhibiting a patient in a Philadelphia clinic whose abscess had been incised three months before. A shallow suppurating fistula remained, which so annoyed the patient by its profuse discharge as to interfere with her work. The fistula refused to heal after two months regular treatment with irrigation, cauterization, and gauze packing. It was then freely incised, under ether anæsthesia, and thoroughly curetted.

For sudden heart failure the hypodermatic administration of camphor has been recommended, according to the following formula:

Camphor	1 part
Olive oil	10 parts
Inject two syringefuls into each arm (about 5 c.c. altogether).	

With the ordinary needle the injection is difficult, because of the thickness of the oil. One having a slightly larger bore has been found excellent. In a grave case now under Dr. C. C. West's observation, in which the patient has a number of times been absolutely pulseless and apparently lifeless, its use was followed by most gratifying results. It is given throughout the illness, whenever the pulse fails, to supplement other cardiac stimulants in constant use.

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NEW YORK, DECEMBER 15, 1897.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



S. F. SUTTON, M. D.,
Huntington, Ind.

OUR COMMON ENEMY.

DR. HUMPHREY, in his admirable presidential address before the recently adjourned Missouri Valley Homeopathic Medical Association, says, "The cause of homeopathy, for which we stand, and for which we have given the best which we possess, would seem not to need any further defense, were it not for the active, continuous warfare waged by those who have been its enemies for a full century. Our common enemy, the so-called 'regular' school of medicine, is to-day as active as ever

in its attempts at unjust discrimination in matters public and private."

The trouble with this quoted paragraph is, not that it is not true, for so far as it is true it is very true, but that it fails to class as among our common enemies a far more formidable, because more insidious, foe than that it cites, namely, the foe in our own household! If the Old School is active in its assaults upon us, we, who read most of its literature, fail to find any large evidence thereof. There may be here and there a few fire-alarm Goulds, or a round-up of narrow-minded, long-eared asses who kick at a Governor for trying to be honest with *all* his tax-paying constituents; but, in the main, the school is letting us alone, apparently satisfied that our disintegration will proceed apace with far more celerity from within outward than from open, outward aggressiveness.

So long as the allopaths were unwise enough to make public warfare upon a struggling school, and so put us in the category of martyrs, we were homeopaths all; no petty bickerings, then, about dose and potency, and "imperfect" materia medica, or consuming jealousy of the greater preferment of this or that chair in our almost clandestinely met schools. Like any other Spartan band, fighting for mere existence and against extinction, we stood in the trenches, shoulder to shoulder, and bore each his full brunt of battle. But since the allopath has learned the impolicy of arousing public sympathy for us, and has pursued the more politic and strategic course of sending among us his Wooden Horse filled with all the modifications and ramifications of the modern squirt-gun therapy, we are palpably losing our identity and are like to lose life itself.

Is it to be wondered that the homeopathic student turns with gladness from the brain-cudgeling process of finding the indicated homeopathic remedy, to the more easily applied, mechanical devices of the chemical school, and the which, he is assured by so many of the teachers, is far more effective than the homeopathic simillimum? In the disease condition known as diphtheria all he needs is a wash-

leather-like patch in the throat, an hypodermic of anti-horse-ine, and there you are! So also of the treatment of tuberculosis with tuberculinum, cancer with erysipelas, and the many other vagaries of the serum therapy. Of what earthly value to read a perfunctory lecture twice or thrice a week from an antiquated, "imperfect," filed-with-chaff *materia medica* to a doubly-divided operation-inculcated class, when the other nineteen professors take every sly opportunity to discredit the old-foggy, non-operation-teaching homeopath?

Answer, ye who have practiced homeopathy for thirty-eight years and much of that time held prominent place in the school and profession but are now, in the twilight hour of life, so willing to give it the bar sinister! Certainly we have prospered in numbers, but so have the allopaths, man for man. We have added to our prestige and our material wealth; but so have the allopaths, influence for influence, dollar for dollar. But as to greater skill in the application of homeopathy, greater success in Healing rather than Maiming, and as to greater unity of purpose in advancing the homeopathic idea—what answer? The answer is *not* the later hue and cry of the "imperfection" of the *materia medica*, for that same "imperfect" *materia medica* brought us up out of Egyptian bondage against all the power and policy and "pull" of the dominant school; and it has grown no more imperfect since our ease and peace have been assured us. Scan with impartial eye—as if brought from a distant planet—the medical situation of to-day. Review the homeopathic teaching. Look at the practice of the Professors. Examine the studies—the recommended text-books. Observe the joy with which we apparently cling to the many things stolen from the other schools. Then compare all this and these with the little, the very, very little remaining honest homeopathy, and what will the harvest be? Not all the homeopathic colleges, please! But many thereof.

Is it to be wondered that the allopath claims the present-day homeopath (limited) to be insincere, if he be not a downright fraud; that he is merely trading upon a name while, in fact, using the armament of the other schools, not alone as to the mechanical branches, but as well in the very *giving* of medicament, wherein, if in no other department of the Art of Medicine, Homeopathy is and should be singular, peculiar, and alone! Of what value to label our journals and college door-posts and the Commencement-Night programme as homeopathic, when the cited places may be the only places upon or in which the word occurs? Of what value to teach in that lonesome half-dozen hours a week from an "imperfect" *materia medica* that a certain number of remedies are excellent in the

treatment of that disease-condition called diphtheria, when in the succeeding thirty to sixty hours that same class is shown the inestimable value of the antitoxins in this, that, and kindred conditions? Of what value to teach the Totality of Symptoms when the microscope is apparently made to say that all disease is traced to a bacteriological source, with the necessary corollary that the cure depends upon some violent chemical or toxicological agent that will kill that microscopic germ.

Then, look further and closely at the labors of that Doubt-and-Distrust creating committee of the American Institute of Homeopathy, which on both its annual sessions set the Institute and the greater profession by the ears; what better evidence to convince the most ardent well-wisher of our school that the worst enemy we have is not the Old School antagonist, but the rather the lukewarm, peace-loving, indifferent, shifty, name-eschewing, materialistic, combination-tablet homeopath (Heaven save the mark) who thrives upon our trade-mark! That's Our Common Enemy! An open rupture with the Old School would be the making of us; it would save us from inanition and total annihilation. But Prosperity, to misuse Bottom's expression, is one of your most fearful wild-fowls. It is the inherent brute in our make-up, allying us with the lower animal creation, which gives delight in exhibitions of the fight propensity; which causes us to be not wholly-unwilling witnesses of a dogfight or a cockfight down the alley, or a football game, or fight for front seats at the hanging of some bloody wretch, that will be our undoing. For being free, practically, of all necessity to fight the foreign foe on the other side of our orchard fence, and yet being equipped with all modern armament plus the fight-desire, we must needs turn our weapons on ourselves! We quarrel with that very something which has made us the power in the land that we are—The Law of Homeopathy! And unless a peremptory halt is called by those who yet have it in their power to stem the tide of skepticism, we will live long enough, many of us, to find the objectionable word HOMEOPATHY removed not alone from the title-page, but as well from the columns of the medical journals; and the colleges will not be slow to throw over the little that yet allies them with the century-old superstition—The Totality of Symptoms—and then prate most learnedly and inanely of the coming together of the schools of medicine, the lion and the lamb, the dominance of the medical millennium! And the Homeopathy of Hahnemann, as a system of medicine, will die, while its hermaphroditic semblance will become a shamefaced, sheepfaced annex of the True and Only School of Medicine—the Allopathic!

ABORTING TYPHOID FEVERS.

By JOSEPH E. WRIGHT, M. D., Morristown, N. J.

THE abortion of typhoid fever to my mind is a settled fact; the accomplishment of which, however, requires the strictest adherence to the teachings of the Organon.

It has been my good fortune to abort several cases of typhoid. Three or four years ago I was called to Mr. S., a robust young man, just the type in which typhoid is said to be the most fatal. Headache, backache, restlessness, etc., led me to prescribe *rhus tox.* 6x every two hours. But the next day found my patient decidedly worse, disinclined to move, tongue dry, sleep disturbed by dreams concerning his business; *bryonia* was prescribed, but patient grew steadily worse. Epistaxis, abdominal tenderness, distention, and "spots," with gurgling in right iliac fossa, in fact a *tout ensemble* that presaged a genuine case of typhoid fever, and I decided that the time had come for me to get right down to business. Temperature (second night) was 103°. I took this case as carefully as I knew how, but was not satisfied to prescribe; so I left him on *sac. lac.*, and decided to try in the morning.

A. M. of third day, temperature 102½°; delirium through the night; a number of remedies presented themselves but I only wanted one, and the gravity of the case made the *right* one imperative, so I determined to continue *sac. lac.*, until I further digested the symptomatic and pathologic picture before me. That night temperature 104°, pulse rapid and feeble, tongue dry; *during the day, whenever the patient would take a swallow of water, a gurgling would start from the pit of the stomach, course down the intestines, ending in a sputter of flatulence and soiled linen.* The nurse had very wisely put a *diaper* on the patient; a few drops of *aloes* 3x in a half glass of water; teaspoonful every hour for four doses, then continued the old medicine (*sac. lac.*). I went home with a heart full of gratitude for the law of "*similia*," and the next morning found a transformation in that sick chamber. Temperature 101° and an appearance and feeling of well-being in my patient that banished all the anxiety of the previous evening. Temperature that night 99°, next morning nor-

mal; continued *sac. lac.* for three days and discharged my patient; a few days more and he was working at his trade (carpenter). I kept no record of the case and am reporting it from memory, but there is not the possibility of a doubt but what typhoid fever was well established and that four doses of *aloes* aborted it.

I recall another case of typhoid fever which ran along for over one month, seemingly under control but temperature persistent, the patient continually complaining of phlegm in his throat. Numerous attempts at the *simillimum* were unsuccessful. I kept thinking of typhoid, finally I struck out for a purely symptomatic prescription, and *kali bich.* 200 did the work in thirty-six hours.

This was one of four cases that occurred simultaneously in the town. The other three were treated respectively by three allopaths and they all died. I could relate many experiences in the fourteen years I have been practicing homeopathy that demonstrate to my mind that the possibilities of pure Hahnemannian homeopathy are worth more to suffering humanity than the idle attempt of so-called scientific medicine in defining the limitation of the curable.

Study the *materia medica*, then study the *Organon*. Go fearlessly to the bedside, determined to give your patient his or her *simillimum*, whether the case be one of cancer, diphtheria, typhoid fever, pyæmia, or anything else.

Leave so-called tonics, sedatives, antiseptics, antitoxins, and a host of other pseudo-scientific claptrap for the mongrel homeopath and the all-wise regular. Study anatomy, physiology, chemistry, sanitation, and dietetics, and all the other "ics" and "ologies," but above all study the *Organon* and *materia medica*.

Young Mother.—What ought the baby's food to be, Dr. Chagem?

Doctor.—Nothing but the milk from one cow.

Young Mother.—And I believe you said the mother ought to take four or five fresh eggs every day?

Doctor.—Yes.

Young Mother.—Well, doctor, should they be eggs from one hen?

TRACHOMA.

By R. W. HOMAN, M. D.,

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CONJUNCTIVITIS trachomatosa, or granulated lids as it is commonly called, is one of the most frequently met with disorders of the eye as well as one of the most serious, and the general practitioner, as well as the specialist, should have a practical knowledge of the disease and its complications, and the treatment thereof.

The writer of this paper is aware that he has chosen an old subject, but it is a subject of vital importance on account of the dangers to which the affected eye is liable. The astonishingly large number of people having entropium, opacities, and ulcerations of the cornea or a prolapsed and adherent iris, all caused by this malady, offers a stimulus to its study that it may be the more readily recognized and intelligently treated.

As papillary and follicular conjunctivitis have really no part with this subject, the acute and chronic forms of trachoma only will be spoken of.

Writers of several years ago held that the granular masses were only a hypertrophy of the lymphatics normally found in the tissue of the conjunctiva, but recent authorities agree that the granulations are a new growth, composed largely of lymphoid and connective tissue and having a fibrous capsule, being partially imbedded in the conjunctival tissue and partially exposed, leaving a surface thickly studded with small round, hard bodies, communicating a gritty sensation when touched with the finger; thus differing from follicular conjunctivitis, which is soft and velvety to the touch.

In very chronic cases which have received little, if any attention, the granulations crowd upon each other in such a mass that the conjunctiva is often atrophied from pressure and degenerates into a scar-like tissue which is prone to contract, drawing the lid in so that the eyelashes irritate the cornea—a condition known as entropium.

As to causes, the first and most important to be mentioned is the contact of the discharge.

This may be acquired in many ways, but usually by towels and basins. The disease may also arise spontaneously from bad atmospheres arising from non-hygienic surroundings, such as overcrowded, ill-ventilated, damp tenement, houses, military camps, charitable institutions, and places of a like character. Neglected cases of catarrhal conjunctivitis occasionally develop into trachoma. This point is emphasized by the fact that more cases of trachoma come under notice during the spring and autumn months, when catarrhal troubles are the most common and aggravated. A scrofulous constitution, or a low condition of the health, predisposes to it. As far as racial susceptibility goes, the Irish seem to be the most often afflicted, while next come the Germans and Americans. Jews are also said by some writers to be very susceptible, while negroes furnish but very few cases. The disease seems to be accompanied by corneal complications more often in the Irish than in any other race.

Symptoms.—Trachoma may be ushered in suddenly by an acute attack, or it may come on gradually and be weeks in completely establishing itself; thus assuming the chronic form without the acute introduction. The acute form will be found much more rarely than the chronic, but when met with demands immediate attention. Rapid congestion and swelling of the conjunctiva take place, accompanied by intense photophobia and scalding lachrymation. On everting the lids the normal papillæ will be found enlarged, and between them will be observed the round grayish, semi-transparent granulations.

In severe cases the ocular conjunctiva is also swollen and injected, forming a condition termed chemosis, which in rare cases causes haziness or even partial destruction of the cornea from pressure upon the nutrient vessels. In some cases pain is experienced in the region of the eyebrow and temple, but is severe, however, only in those cases which are accompanied by iritis.

The discharge, at first watery, is soon increased by the addition of a copious secretion of pus coming from the inflamed conjunctiva. The duration of acute trachoma is variable, running all the way from two or three to six or eight weeks, when the granulations may be absorbed

and disappear or the condition may pass over into the chronic form.

As before stated the chronic form is the variety most often met with, and may be the later stage of an acute attack, or may appear gradually with no acute disturbance as its forerunner. This last mentioned form gives very little inconvenience to the patient in the beginning, but later, when the granulations become numerous, considerable discomfort is felt, such as rubbing or scratching as though from foreign bodies. This is accompanied by a mucous or muco-purulent discharge—slight at first, when it may not be noticed during the day, but the lids will be found to be stuck together in the morning. Later, however, the discharge becomes more profuse, collecting in the canthi during the day and causing considerable irritation by its presence. The granulations are found principally along the border of the tarsal cartilage and in the angles; of a reddish-gray appearance, which has been likened to frog-spawn by some authorities. They usually make their appearance first on the upper lid.

As the disease advances the granulations spread until they reach the retro-tarsal fold and fornix, rarely being found upon the ocular conjunctiva. In old cases there is usually a drooping and swelling of the lids. As time goes on the thickening mass of granulations produces such pressure on the conjunctival tissue as to cause its atrophy and the formation of scar tissue. The granulations, now having no soil to feed upon, also degenerate and, joining with the destroyed conjunctiva, form an indurated scar-like mass which is prone to contraction and the formation of entropium.

During the progress of chronic trachoma acute exacerbations are quite common and result from exposure to cold or irritation. Chronic trachoma, if not properly treated, may last for years.

A careful inspection of the everted lids will usually establish the diagnosis.

Complications: As the most prominent may be mentioned pannus, or a vascularity of the cornea caused by the friction of the granulated lid, ulcerations and abscesses of the cornea, entropium, trachiasis, destruction of the conjunctiva, and occasionally iritis.

Prognosis: In the early stages, and with proper treatment, the chances are good of restoring the eye to its normal condition. However, if the disease is well established it is rather apt to be obstinate in answering to treatment, and the physician should warn his patient of the dangers to his vision should complications arise.

Treatment.—If the diet and hygienic surroundings are faulty, they should be corrected. Remembering that the discharge from granular lids is contagious the strictest personal neatness should be insisted upon; the patient having a separate towel and basin from those with whom he associates.

In acute cases experience demonstrates that aconite is the sheet anchor, used both internally and externally. Internally the second decimal dilution once an hour and externally from 15 to 20 drops of the tincture in a half-pint of ice-water, to be applied constantly with compresses of linen or cotton cloth laid lightly on the eye. Too much stress cannot be placed upon the use of cold applications. A few drops of a 10-grain solution of boracic acid should be instilled three or four times daily. As other internal remedies in the acute stage mention may be made of bell., rhus tox., merc. sol., and ars. alb.

In chronic trachoma the most important remedies are found to be merc. sol., rhus tox., puls., ars. alb., sulphur, and calc. carb.; the last two mentioned being useful only in persons of a distinctly scrofulous constitution. Merc. sol. will be found to be the proper remedy in more cases than any other medicine; especially with a muco-purulent, corrosive discharge producing redness and irritation of the integument at the corners of the eyes, and particularly if the case is aggravated by a warm atmosphere. To the above remedies for chronic cases aconite may be added as a useful remedy for the acute exacerbations so often met with.

While not disputing the statement of writers who say that internal remedies will cure trachoma, I will say that local applications are advisable and very advantageous and will shorten the attack by many days and speed the patient on the road to recovery. The local application that has given the best results is carbolyzed glycerine, 6 drops to the ounce. Another useful application is made of tannin 15 grains to glycerine 1 ounce.

Either of these may be applied to the everted lid with a little cotton spun on a probe or with a camel's-hair brush. Before applying either of the above preparations the eye should be washed out by a few drops of a 10-grain solution of boracic acid. These applications should be made daily or even twice a day.

The best and really only practical operative method is the use of the roller forceps. In a large majority of cases a thorough use of cocaine is all the anæsthetic required. As soon as complete anæsthesia has taken place the lid is everted and carefully squeezed between the rollers, placing them back in the fornix and drawing outward. The operator should observe caution and not lacerate the conjunctiva, exerting only a moderately firm pressure. This presses the granulations out of their beds and leaves no scar tissue.

One eye only should be operated on at one sitting. Ice-water applications should be used the greater part of the time for the next twenty-four hours. If this last is strictly followed out, it is surprising how little inflammatory reaction and swelling will take place. In this operation care must be taken to insert the forceps well back in the cul-de-sac and to cover the entire territory infested by the granulations.

The scraping and cauterizing of a few years ago, and the indiscriminate use of lunar caustic and sulphate of copper, cannot be too strongly condemned. The complications of this disease will have to be met with appropriate treatment as they arise.

PENSION EXAMINERS.

AMERICAN HOMEOPATHIST:

Reading in the *AMERICAN HOMEOPATHIST* the item that a certain homeopathic physician had been appointed a pension examiner, and that he was "the first and only" homeopath ever so appointed, shows that claimant of the first honor to be not informed of the history of homeopathy and the pension bureau, and thirty years too late to make valid his claim.

Homeopathic physicians have been appointed pension examiners since the "late unpleasantness," and possibly the above referred to physician, as well as others, does not know that the removing of a pension surgeon, because he was

a homeopathist, cost a pension commissioner his official head; but such is the fact.

In 1870 Dr. Stillman Spooner of Oneida, N. Y., and Dr. A. T. Bull of Buffalo, N. Y., with several others, were asked by Commissioner Van Aernam to hand in their resignations because their "medical belief and practice was not recognized by the pension department."

Dr. Spooner remonstrated and refused to resign and was removed. Then the homeopathic saw began to buzz—and did not stop until the official head of Dr. Van Aernam (who by the way was a doctor of the Old School), lay at the feet of the homeopathic profession.

Remonstrances, great and small, were sent to President Grant, and after due consideration Dr. Van Aernam was removed. Since then homeopathy has been recognized by the pension department.

All of the leading papers of the country had editorials on the subject, mostly favoring homeopathy.

This is on record in *New York State Transactions*, vol. x. (1872) and with other matter would be interesting reading to some of the younger members of the profession. It shows how the older members were persecuted and how they fought for their faith.

I can name many of my friends who are now or have been pension examiners, and the fact of being a homeopathist does not figure in an appointment, if you are in the ring and have the "pull."

Our friend Dr. Duffield of Alabama was president of the board he served, as was Dr. M. O. Terry of the Utica (N. Y.) board.

If any of your readers have political aspirations and want to succeed, it is my experience that if the opponent can be induced to pull the sectarian string the "constituents" will dance for the under "Dog" (Ben Butler). Americans are very determined to do their own thinking, and resist dictation.

W. ESTUS DEUEL, M. D.
CHITTENANGO, N. Y.

A Bridgeport, Conn., bride has just undergone a severe surgical operation to relieve a malady caused by the lodging of a grain of rice in one of her ears.

OUR MATERIA MEDICA (LIMITED).

THE *American Medical Monthly*, *normals* *The Southern Journal of Homeopathy*, takes a fall or two out of us in its last issue on the matter of materia medica correction. But it signally fails to tell its readers why the hundred years of Hahnemannian successes should be thrown over, and the plan of the Baltimore Investigation Club, and *The Cyclopædia of Drug Pathogenesis*, substituted. So far as the reference to Dr. T. F. Allen is concerned: without having had any communication with him, we are willing to lay a large-sized wager that had he presided at the second session of the Conference there would have been more of the Queen's English put upon perpetual record against the threatened emasculation. Dr. Allen is a homeopath first, last, and always. It was a misfortune of the first magnitude that he was not present. The question before the house is not the appointment or absence or the personal belief of here a man or there a woman; but, rather, whether the great mass of the profession, which has been and is using homeopathic medicines, *and with success*, is ready to have its props knocked from under by the handful of professors who are riding a fad as pronounced as is in some quarters the doing of operations for every ailment of the female human system. Our contention was, at the conference, and is now, that the *teaching* of materia medica has been at fault and not the materia medica itself. If so many of the past and now forgotten carpet-knight and carpet-bag materia medica professors had attended to the teaching of the true homeopathy, instead of filling the land with symptom-hunters and alternators and combination-tablet prescribers, there wouldn't be a moment's entertainment of the present plan of revision.

CLEVER ADDRESSES.

ONE of the recent medical classics was that presidential address of Dr. W. A. Humphrey of Plattsmouth, Neb., before the Missouri Valley Homeopathic Medical Association. It is couched in scholarly terms, well arranged, and doubtlessly tersely and eloquently delivered. It is to be deplored that the address could not have been given the profession in full; the only parts we have thus far seen being in the *Medical Era*. Papers of the breeziness and brightness of this address ought to be rescued from the oblivion of a printed volume at the end of the fiscal year,—provided the exchequer be full,—and given *in extenso* in some good journal of the school or in reprint, ready at hand for any emergency. In the excerpted parts we find many good things which bespeak not only the scholar, but the thinker and the progressive medical man. Thus

his reference to the segregation of medical schools is strongly presented, and the same as to the prevalence of the "Professor"-itch. State licensure is well taken in hand and pleasantly advocated, while the barb-wire prohibition of examination boards is given a timely flying.

ANOTHER of the literary giants of the medical profession, Dr. Selden H. Talcott of Middletown Homeopathic State Asylum, was present at the meeting of the Cleveland Homeopathic Medical Society, the evening of the 15th of November, and gave "Hahnemann and Psychological Medicine." The audience was a fair one, considering the execrable weather of the evening, and indeed for a week or ten days preceding. The eloquent and poetical speaker carried his audience with him from start to finish, being frequently interrupted by applause as he touched by a master hand on the homeopathic doctrine and proved by statistics its superiority over the old and all other schools, especially as it related to the diseases of the mind. He referred to Hahnemann as "The Grand Old Man of Homeopathy"—as upon a former occasion he spoke of Dunham as "The Sweet Melanchthon of Homeopathy. The address was bright and interesting, as well as instructive, happily interspersed with poetical quotations and apt and catchy anecdotes. Following the lecture he was given a *petit souper* at the Century Club, to which some twenty of the more prominent of Cleveland homeopaths sat down and passed the hour, not in formal toast-drinking, but in eating and *apropos* story-telling.

Materia Medica Miscellany.

Conducted by J. PERRY SEWARD, M. D., 113 West Eighty-fifth Street, New York.

References in this department are made by number, as follows: Chironian,²; Clinique,³; Hahn. Adv.,⁴; Hahn. Mo.,⁵; Envoy,⁶; Jour. of Obs.,⁷; Physician,⁸; Recorder,⁹; Sun,¹⁰; Clin. Reporter,¹¹; Journal of Hom.,¹²; Indicator,¹³; Century,¹⁴; Counsellor,¹⁵; Era,¹⁶; Visitor,¹⁷; N. E. Med. Gaz.,¹⁸; Times,¹⁹; N. Amer. Jour.,²⁰; Pacific Coast Jour.,²¹; Southern Jour.,²²; Hom. News,²³; Jour. of O., O. & L.,²⁴; Argus,²⁵; Revue. Homœo.,²⁶; Arch. für Hom.,²⁷; Allgem. Hom. Zeit.,²⁸; Zeitschrift für Hom.,²⁹; El Prog. Homœo.,³⁰; L'Art Méd.,³¹; L'Homœo.,³²; Hom. Maed.,³³; Hom. World,³⁴; Hom. Review,³⁵; Jl. Br. Hom. So.,³⁶; Foreign Journal, not Hom.,³⁷; Am. Journal, not Hom.,³⁸; Indian Hom. Review,³⁹; Materia Medica Jour.,⁴⁰; Minn. Hom. Magazine,⁴¹.

Aconite in Heart Disease.—Dr. M. Deschere,⁶ in discussing the frequently forgotten use of aconite in non-febrile diseases, thus refers to the heart affections.

"The symptoms indicating it in these cases are numerous and important, and necessarily so

since aconite so disturbs the blood flow, and also exerts a special action on the heart and its nerves. There are congestions to both heart and lungs, palpitation with anxiety, cardiac oppression, and even syncope. The palpitation is worse when walking. Lancinating stitches occur and prevent the patient from assuming an erect posture, or taking a deep inspiration. Attacks of intense pain extend from the heart down the left arm, and are associated with numbness and tingling in the fingers."

Deschere does not agree with Farrington's dictum that in hypertrophy from valvular disease it may do great harm, but claims that compensating hypertrophy and over-compensation are benefited whenever this condition of numbness and tingling in the arm and fingers is present.

"In angina pectoris aconite may become very useful, and it has often overcome these attacks promptly in the presence of fear of death; small, intermittent pulse; faintness, cold perspiration, numbness in the cardiac region and in the left arm. The condition of the heart during the apyrexia is very important for its selection. We then find strong contractions, characteristic of pure hypertrophy, also found in cases of over-compensation in valvular lesions.

"In this connection I might mention the rapid effect of aconite in purely nervous palpitation without any organic disease. One dose will often be sufficient in such cases, caused by physical exertion or sudden mental excitement."

Santonin Poisoning.—Dr. Taylor has reported a fatal case of poisoning by santonin ("a little on the end of a teaspoon") in an infant eleven months old. The principal symptoms were great abdominal tenderness, especially in the right iliac region, pressure here producing convulsive movements of the extremities; respiration shallow and rapid; golden-yellow stools and urine, the latter first increased and then suppressed; profuse salivation; progressive rise of temperature and feebleness of pulse; jaundice; prolonged stupor.

Is Antitoxin Homeopathic?—Dr. James Johnstone, at the last Homeopathic Congress in England, read a paper in the course of which he concluded that serum-therapy is based on the homeopathic principle, and is an example of

the guiding precept: *Similia Similibus Curantur*. In his argument he compared the action of arsenic and antitoxin in the following schema:

ARSENIC:

1. *Produces* by large or toxic doses the group of symptoms known as, or similar to,

ECZEMA.

2. Also, if *administered to a diseased man* in small doses (homeopathic), *produces* as the result of its action on the living tissues an

ANTIDOTAL SUBSTANCE OR ACTION

which, *remaining in the diseased individual*, antagonizes or cures

ECZEMA,

the disease from which he suffers.

TOXIN DIPHTHERIA.

(a product of the Loeffler bacillus):

1. *Produces*, when absorbed from the tonsil, the group of symptoms known as

DIPHTHERIA.

2. Also, if *administered to the horse* (hypodermically), in doses oft-repeated, small at first, larger afterward, *produces* in the blood of the horse a substance known as

ANTITOXIN

which, *removed and introduced into a diseased child*, antagonizes or cures

DIPHTHERIA,

the disease from which it suffers.

Eucalyptus Globulus IN STRYCHNINE POISONING.—Dr. Monfrida Musmecin³⁷ has found that a decoction of the leaves of eucalyptus globulus and a solution of a salt of strychnine formed a flocculent precipitate of a clear color, a solution of citron-yellow tint remaining above, and the strychnine losing its bitter taste. This raised the question as to whether eucalyptus was an antidote for strychnine. The author carried out a number of experiments upon animals to ascertain what effects would be produced by giving these two drugs together, and what antidotal power eucalyptus would exert after the development of the symptoms of strychnine poisoning. He found that when these drugs were given simultaneously the animal survived, while, if the same amount of strychnine were given alone to an animal of the same kind and size, death would ensue.

In another set of experiments the eucalyptus was given after convulsions had appeared, and then these became much less marked, and even disappeared. From these experiments the writer believes that eucalyptus has a real antidotal action, and that a practical application of it should be made by employing a decoction for washing out the stomach in such cases.

Sanguinaria IN MEGRIM.—Dr. Barrow.³⁵—Mrs. W., for three years or more, has had severe attacks of headache with nausea and vomiting. The attacks occurred every week and lasted about twenty-four hours. They began usually in the morning, increased in violence during the day, and are aggravated by motion, noise, and light. Sleep gives relief, but cannot always be obtained. *Sanguinaria* 1x, ter die, was prescribed during an interval. The usual time for the attack passed over without anything more than a slight headache, and since then there has been no return, now over twelve months.

Natrum Muriaticum IN MORNING SICKNESS.—G. F. Thornhill.⁴⁰—I had occasion to treat a lady for morning sickness in pregnancy, and the leading symptom was craving for salt. Said she felt as if she could eat the brine out of a mackerel kit. I left three powders of nat. m., with directions to take one after each sick spell. Saw her in a few days, and she said she had no occasion to repeat the dose.

Xanthoxylum IN DYSMENORRHEA.—Dr. Barrow.³⁵—Miss R., æt. twenty-seven, had suffered for years from dysmenorrhea. Her sufferings at the menstrual period were so great that life became almost unbearable. She had tried all kinds of treatment without obtaining the slightest benefits. She had been an in-patient of the Royal Infirmary, where she was told she had a "conical cervix"; under chloroform an operation was performed. This did not result in any relief to her sufferings, the catamenia being accompanied as usual with violent pains. Two years after the operation, Miss R., worn to a skeleton with suffering, and despairing of getting relief, came under my notice. I prescribed xanthoxylum 1x, ter die, a fortnight before the menstrual period. In due time the menses appeared, and, to the great joy of the patient, there was very little pain. The remedy was continued for some time, and when left off the patient was completely cured.

It is now three years since the patient first came under homeopathic treatment. During the whole of that time there has been no return of the pain at the monthly period.

Gratiola IN DIARRHEA.—The following two cases are reported by Dr. C. W. Sonnenschmidt.⁹ Mrs. C., æt. fifty-five, was attacked in June with

diarrhea; passages yellow, watery, frothy, gushing out with force. Severe cutting pains in abdomen, rumbling of flatulence. Occasional nausea and vomiting.

Prescribed colocynth 6th every hour, and next day ipecac. 6th, but without improvement; passages more frequent. Other symptoms were aggravated. Upon close inquiry I found that a cold feeling in the abdomen had existed from the beginning and still persisted. Then I prescribed *gratiola* off. 3d, which cured the case very promptly.

An infant, three weeks old, was attacked with diarrhea and severe colic. There were two or three passages in quick succession, and then an interval of an hour or two. Passages green or yellow, watery, frothy; nausea, vomiting. Severe pains before stools, relieved afterward for a short time; passages expelled suddenly.

Cham., coloc., verat. alb. and other remedies, given during the next few days, failed to relieve the little patient. Then a careful study of the symptoms, especially the yellow, watery, frothy stools, gushing out with force, induced me to give *gratiola* off. 3d, which promptly cured the case.

I should mention here that in this case there was a decided redness around the anus, and on one side an abrasion of half an inch in extent, which caused some oozing of blood. This also improved rapidly under the influence of *gratiola*.

I have no doubt that this case also had the cold feeling in the abdomen, but had to be treated by the objective symptoms alone.

Thlapsi Bursa Pastoris.—HEMATURIA FROM RENAL CALCULUS.—Dr. A. Midgley Cash.³⁵—A worn, emaciated man of sixty-three years, ailing a long time. There are pains about kidneys. He is passing large uric-acid crystals in his urine, also pus and a good deal of blood. This is sometimes bright, but often of a dark color. Bleeding is always increased by the least movement. His bladder has been sounded, but no stone could be detected.

Arnica, *millefolium*, *hamamelis*, and *terebinth*, all have been tried, but with little if any result. Two drops of the mother tincture of shepherd's purse were given every two hours.

In five days the blood was markedly and strikingly less. Patient was able to return

some, a distance of four miles by train, which he accomplished "without any aggravation to speak of." The bleeding was checked after it had been on him for twenty-two days. He wrote three months later saying that there had been only one return of the bleeding since, and then he had a short attack which was brought on after riding over some cobblestones one day when out in his bath chair.

Aurum IN RHINITIS.—Dr. Cash.⁵—H. B., a small boy of seven. His nose is obstructed by crusts around and inside the nostrils. The mucous membrane is red and sore, and a thin, irritating discharge is present, causing redness also of the upper lip. The boy has been ailing several weeks, and nothing seemed to do any good. Child's condition is low, and he has a chronic cold about him.

Aurum met. 3x, in one-grain powder was given, and a boracic ointment locally. Improvement began at once, and in about eight days the nose was practically cured.

Natrum Muriaticum IN CATARRH.—Dr. Maindard.⁶—A young man, about twenty-five years of age, came under my treatment on the 24th December, 1885. He had been frequently troubled with catarrh of the nose every year about the end of rains, which continued with more or less severity till the end of winter. Frequent attacks of cold and catarrh of nose diminished his sense of smell to such an extent that he could scarcely decide between good and bad odor.

The catarrh was of an excoriating nature, the nasi and the neighboring parts were sore and raw by the constant outpouring of mucus from the nose. The nature of the discharge was thin, watery mucus. There was a good deal of itching in the nose, and constant rubbing would give him a temporary relief. The nose was sometimes stopped. Sneezing was constant at night in bed and while undressing. He often complained of his nostril being swollen and indurated. Several homeopathic remedies were tried by an amateur homeopathic practitioner to no permanent effect. Allopathic medicines were of no avail.

I gave him natrum mur. 30th, one dose twice a week. His troubles were at an end, after taking the medicine for two weeks. I stopped natrum

mur. for the season. He was free from catarrh the next season and the whole of the winter. It is a matter of rejoicing that my patient regained the sense of smell to its fullest extent.

Fucus Vesiculosis IN EXOPHTHALMIC GOITER.—Dr. H. J. Knapp⁶ presents an interesting case in the belief that he has discovered a specific. He says:

After treating many cases of exophthalmic goiter, I have come to the conclusion that I have found a specific for that disease in fucus vesiculosis (sea wrack). I will record one case. Mrs. Mary B., age twenty-four years, German, came into my clinic at the Brooklyn (E. D.) Homeopathic Dispensary, to be treated for swelling of the neck of several years' duration. I gave her the tincture of fucus ves., thirty drops three times a day. The treatment began December 1, 1895, and patient was discharged cured, on October 2, 1896. Would be pleased to hear from any others who have had any experience with fucus vesiculosis.

[This for a time was a much advertised anti-fat. Like another anti-fat also still in the market, other virtues are being ascribed to it.—ED.]

Hepar Sulphuris IN WELL-INDICATED CASE.—Dr. Stephenson.⁶—A child, about five years old, was brought by her mother, who stated she was very subject to sore throats and cold. Every time she went out in the evening she would return with a loud, croupy cough. There is enlargement of the tonsils, and numbers of hard, swollen glands in the neck.

She has suffered from eczema ever since she was vaccinated, four and a half years before. It takes the form of thick, brown, moist scabs, which cover the chin, lips, and corners of the mouth. There is a raw surface behind one ear, several pustules on the legs and fingers. Slight scratches do not heal well, but go on to suppuration. The child is sensitive to the cold, likes to be well wrapped up.

Regarding all these symptoms as various expressions of the one disease, and curable in the safest and speediest manner by the remedy which would induce a like condition of ill-health in healthy persons, I gave her hepar sulphuris 12x, three times a day. This well-known remedy has produced in different persons all the above-mentioned symptoms; it has in my own

practice cured them repeatedly. The croupy cough, sensitiveness to cold, and enlarged glands of the neck are a combination one frequently meets in general practice, and in my experience they are always benefited or entirely removed by this medicine. In this case, at all events, the effect was all that could be desired.

Thuja Occidentalis IN PERSISTENT COUGH.—Dr. Geo. Royal ⁴¹.—A young lady came to me for a persistent cough. She was nineteen years old, light complexion. Troubled with a leucorrhœa, green in color and excoriating; menses a little too early. The family history was good. Had never had a cough before; in fact, called herself perfectly well. But for three months had had this dry, painless cough. No expectation. The irritation was all in the throat. The lungs were sound. Examination revealed a half dozen small growths in the posterior surface of the throat and one near the vocal chord. She had had homeopathic treatment, both local and internal, for three months without result, and declared that she "would have nothing more done except to take medicine" (i. e., no local treatment.). Under thuja 30th the growths disappeared in about three weeks, and with them the cough.

Rumex Crispus IN COUGH.—Dr. J. P. R. Lambert ²⁶ directs attention to the value of rumex in laryngeal cough. The cough itself is irritating, dry, and spasmodic, appearing in paroxysms. It is provoked by a sensation of tickling in the sternal notch, or it may be lower, in the middle or lower portion of the tube. It may be brought on by lying down, or from turning from the back to the side, or from passing from the air of the room into the open air. Its principal characteristic is a tickling beneath the sternum. The remedy also acts upon the skin, determining an intense pruritus, which is especially noticed on undressing at night. This may be accompanied by an eruption of small papules.

Kali Bichromicum IN HEART DISEASE.—Dr. Ide ²⁹ of Stettin, Germany, has found kali bich. to do good service in angina pectoris of gastric origin, but he would think it more indicated in essential heart weakness, especially in chronic myocarditis. He had under treatment a case with decided cardiac incompetency, great

general weakness, and œdema around the malleoli. The patient, from sheer weakness, was unable to speak loud, and, at times, was wholly voiceless. Kali bichr. here did efficient service. Here it is analogous in action with arn., cuprum, glonoin, and veratrum, as well as arsen., brom., and digitalis.

All the potash salts have an affinity for the heart where especially the dyspnœa, sensation of pressure and painfulness in the chest, with the violent and anxious palpitation, point to its homeopathicity in this sphere. In death from poisoning by this drug, the heart first fails.

Thuja IN TWO CASES VERIFIED BY WARTS.—CASE I. A "man aged thirty-six, of loose fiber, of good habits, but who had suffered from rheumatism from boyhood. (His father had had syphilis.) On his hands were some large warts, two of them where they were being constantly irritated by his cuffs. The "warts" as well as the rheumatism he had had since boyhood, but of the former he was never free. In 1890 I gave him some thuja out of the same vial that I used in 1882, and had him apply the tincture externally. The growths disappeared in about four months, and he has been free from them, as also of rheumatism, ever since.

CASE II. A man aged forty-seven, generally healthy, rather loose fiber, with a tendency to catarrh, who had suffered from otorrhœa when a young man, came to me for the removal of growths about the anus. They were very vascular and red, resembling a cock's comb, and besides being painful, caused most intense itching when the man perspired. Thuja 30th cured so that he was not troubled for years, when, there being a tendency to return, as shown by the itching, a few doses of thuja relieved the itching.

Iodoform POISONING.—Dr. C. G. Cru-meine. ³⁷—Poisoning by iodoform, or surgical iodoformism, is a more common and sometimes serious result of dressing small wounds with this substance than is generally supposed. Herpes, lymphangitis, pruritus, and even a very serious polyneuritis have been traced to this cause.

Caulophyllum IN PAINLESS LABOR.—Dr. R. M. Luton. ¹⁵—Was called one night, about a year ago, to attend a case of confinement. On arriving at the residence removed my overcoat and made an examination; found a normal case

—membranes ruptured and labor proceeding. In just twenty minutes the child was born—afterbirth came all right. This was her first-born. The remarkable feature of this case was that the patient had no pain or pains from first to last—not the slightest. I inquired if she had been taking anything and was informed that she had been drinking squaw-root tea for four or five months. Had gathered the fresh roots in the woods and steeped them in water and had taken a drink of this tea twice a day. She had a large bunch of these roots left, which I carried to my office.

Baryta Carb. IN INTERMITTENT FEVER.—A. W. K. Choudhury.⁹—Ramzân Behârâ; age twelve years; date of first attendance to dispensary, 12-8-95; 9 A. M.; disease, intermittent fever.

Symptom: Type, quotidian. Time, 1 P. M. Prodrome, yawning, stretching; chill slight, of short duration; no thirst; horripilation; heat slight whole night; no thirst; feels chilly with every current of air coming in contact; slept all night: sweat upper parts of body, upper extremities, thorax (anterior and posterior parts); no thirst; apyrexia complete. Bowels open occasionally; no stool yesterday, no stool this morning; had itch once but no itch now; tongue clean and moist, and some papillæ raised, as in aphthæ; enlarged spleen; pupils dilated; urine reddish occasionally.

Treatment: Bar. carb., 3d (trit.), about a grain a dose, one dose just now, daily one dose.

Diet: Sago and milk.

13-8-95. 9.30 A. M. No fever yesterday; felt feverish heat this morning at about 5 A. M.: one stool this morning, free and formed; appetite good.

Attended one day more. Got no more medicine; placebo given 13th and 14th.

Croton Tigilium 30th IN LOOSE BOWELS.—H. W. Champlin, M. D.¹⁰—The doctor was his own patient, and we believe refrained from taking any medicine for several days after symptoms appeared. He frequently had, after some error in diet, one, rarely two, loose evacuations, always followed by resumption of normal stool the next day. This time the loose stools continued, one immediately following each meal of the day. There being no inclination to diar-

rhea between those times, and appetite being good, the diet was not properly restricted. A limited diet for a few days did not cure, though it modified the symptoms. One evening immediately after tea, being hurried to the toilet room, and, having urgent professional engagements, the doctor yielded to the dictates of his conscience and took one dose of croton tig. 30x. A perfect cure resulted—no loose stool since that time, now some months, although the patient did not refrain from his cornmeal bread, fine French prunes and other fruits, and foods in variety.

Prior to this attack the doctor could not use apples in any considerable quantity without causing loose evacuations. Since then, during the present spring, there has been an unusual appetite for apples, and this fruit has been eaten without bad effects.

Natrum Mur. IN HEAD-PAINS.—Dr. Martin Baltzer.⁹—Miss D., aged twenty-one, came to me on the 5th of November, 1895. She had been suffering of pains in the occiput for two years. There is a pressure as if a stone lay on the occiput. Much hair comes out on the occiput. There is hammering in her temples; empty eructation; water gathers in her mouth; burning in the esophagus; swelling in the region of the stomach, relieved by loosening her dress; constipation; the menses frequently too early, lasting eight days, of dark color, with large black clots of blood, very fetid; leucorrhœa. Pulsatilla 6th.

November 15. No change in her state, only the menses lasted four days, without clots or smell. Natrum mur. 30th.

Dec. 3. Health very good. No more ailments.

June 5, 1896. Her health has remained good, excepting her stool, which has again become inert, for which she received natrum mur. 30th.

Zincum IN SCARLATINAL MENINGITIS.—Willis Young, M. D.⁷—I am well aware that some authorities deny that meningitis occurs during or forms part of some attacks of scarlatina; but whether the symptoms indicating the exhibitions of this remedy are due to actual basilar meningitis, or are merely due to hyperæmia, they are severe and unusual. As

suggested, the symptoms pointing to cerebral implication are most prominent.

The patient has no power of volition, mental or physical, is unconscious, and utters frequently the *cri encéphalique*. He lies motionless, excepting for the involuntary jerking and twitching of the limbs—especially the lower—or else violent convulsions, alternating with stupor, are present. The entire body is bluish, cold, and clammy, excepting the occiput, which is very hot—urine is scant and bloody. These symptoms are often due to non-appearance of the eruption.

Carbo veg. IN DYSPNŒA.—Dr. A. W. Palmer.²⁰—Mr. S., æt. seventy-eight, widower, rather stout, light complexion. Subacute bronchorrhœa of three years' duration. Present laryngitis of six days' duration. Pathogenetic symptoms : Dyspnœa. Worse in the evening. Cough in paroxysms. Cough on first going to sleep at night. Sweats easily. Clinical symptoms : Mucous membrane, pharynx, and larynx dry and glazed. Fatiguing cough with dyspnœa. In the daytime short paroxysms of cough which cause him to desire to remove something from the larynx. Usually no expectoration, excepting in the paroxysms at night when he raises a little mucus. Paroxysms occur on lying down and about 3 A. M. Remarks : Kali carb., phos., and rumex cr. of no benefit. Completely cured after two days' use of the drug.

Ammonium Carb. IN MALIGNANT FORMS OF SCARLATINA.—Dr. Young.⁷—Is indicated in the malignant form of scarlatina. The rash it causes is of the miliary variety—tonsils are dark red and livid, and gangrenous, with, of course, great fetor, and the neck much swollen. These symptoms can be distinguished from the similar conditions of other remedies by the abundant collection of exceedingly shiny and sticky saliva, and the presence of painful vesicles on the tongue. Parotitis, particularly of the right side, accompanied by swelling and induration of the lymphatic glands under the right angle of the jaw. Respiration is difficult and stertorous, is accompanied by a short cough and threatened asphyxia. Urination is involuntary as is defecation, which is accompanied by excessive vomiting.

Naja 30th IN DYSMENORRHEA.—Dr. F. C. BUNN.²⁰—Miss S., æt. twenty-two. Dysmenor-

rhea since the function was established. Has had dilatation of the cervix, galvanism, and a number of remedies which have not been very effective. Pathogenetic symptoms : Headache. Shooting in the forehead. Pains in the eyeballs necessitating frequent rubbing. Stimulants aggravate. Crampy pain in the region of the left ovary. Faintness. Clinical symptoms : Hypogastrium extremely sensitive to touch at the time of menses. Vaginal examination revealed no abnormal condition except sensitiveness of the ovarian region. Extreme restlessness with pain. During the menses the pain becomes suddenly very severe. The flow stops while pain is at worst and returns next day with relief from pain. Remarks : Naja 30th, three times a day, and the next period passed with absolutely no pain or discomfort.

Arsenic iod. IN POST-SYPHILITIC DROPSY.—Dr. W. G. Cole.²⁰—Mrs. C., married, age forty-seven, presenting a specific history of syphilis acquired many years ago, and of morphinism of twenty years' standing, called me October 22, 1895, for what proved to be a case of pleuritis, which yielded nicely to treatment in a few days, leaving behind it a condition of œdema of the feet and ankles.

Examination of the urine found albumin in considerable quantities; examination of the chest : a chronic bronchitis, and mitral insufficiency with dilatation.

The bloating of the legs became intense, her calf measuring nineteen inches. She vomited the least thing taken into the stomach; was anxious and restless to a degree almost maniacal; complained of much burning pain and presented the waxen hue characteristic of arsenic. She received this remedy in the sixth decimal for considerable time with no benefit, and finally, remembering the syphilitic history, arsenic iod. 3x—two grains every four hours—was prescribed. Bandages applied to the legs.

Under this treatment she rapidly improved, the stomach becoming tolerant, the urine, which before was somewhat scant, more free, losing all the œdema and gaining strength perceptibly.

The albumin did not decrease in any great amount but shifted up and down the scale and now, August 14, 1896, she is passing fourteen grains to the ounce every twenty-four hours.

The murmur at the apex has improved and the heart's action is quite regular. She is able to be about the house and ride out.

Echinacea Angustifolia IN DIPHTHERIA.—Dr. C. F. Otis.²—Dr. Lyman Pike of Terre Haute, Ind., reports the following: Recently I attended the worst case of malignant diphtheria I have ever seen. I used during the treatment phytolacca, veratrum, eucalyptus, peroxide of hydrogen, baptisia, etc. Symptoms moderated for about two days, then rapidly the larynx, nares, and entire buccal cavity became involved, breathing through the nostrils entirely ceased and the stench was fearful, sputa abundant. Something must be done. I was on guard the whole night. Finally gave the following: Echinacea, $\frac{1}{2}$ ounce, aqua, $3\frac{1}{2}$ ounces, and ordered 1 to $1\frac{1}{2}$ dram per hour. The patient asserted that she could not recover, but recovery was speedy. In less than five days after commencing echinacea the patient was discharged.

Echinacea Angustifolia: AN ANTIDOTE TO RATTLESNAKE BITE.—Dr. Otis.³⁰—Dr. M. states: "I injected some of the [rattlesnake] poison into my system, on the first finger of the left hand; the swelling was rapid and in six hours was up to the elbow. At this time I took a dose of the medicine [echinacea ang.], washed the swelling with it, and laid down to sleep. I slept four hours, and on rising, did not find a single sign of swelling on my finger or arm." The recoveries from rattlesnake bites under its action are effected in from two to twelve hours.

Echinacea Angustifolia: WHAT IS IT?—Dr. C. F. Otis of Honeoye Falls, N. Y., presented a paper to the New York State Hom. Med. Soc. at Rochester,²¹ descriptive of this remedy. He says the plant is found growing on the prairies and marshes of the West from Missouri to Texas and is known under the common name of "Narrow-leaved Cone Flower" and "Black Samson." It grows from one to three feet high; it is in bloom from May to August; the flowers are of a brownish color and disk shape. A strong tincture is made from the root, which is brownish-red in color and, at first, not very marked in its taste; however, when swallowed, it produces a tingling sensation of

the tongue and fauces leaving an acrid after-sensation, reminding one somewhat of aconite. It has no decided chemical qualities, being one of those organic compounds of decided therapeutical value, but passive chemically; the drug varies much in properties, according to the location that the plant is found and menstruum used in its manipulation and, as obtained from some sections of the country, it is of little value. The profession is indebted to Dr. C. T. H. Myers of Pawnee City, Neb., for this valuable remedy; he bringing it to the notice of the eclectic physicians. Dr. J. S. Hayes of Denver, Col., has been the next largest contributor to the literature, giving intelligent indications for its uses. Dr. Otis' attention was first called to the drug about ten years ago by Dr. E. Clayton Smith of Rochester, at a time when Dr. O. was struggling through with a most malignant epidemic of scarlet fever. The action of the drug was so marked that its uses were indelibly fixed on his mind, and from then until the present time he has always been careful to have a good supply of the drug on hand.

SPECIAL USES.—With reference to the uses of this drug, he calls attention, in particular, to malignant scarlet fever and diphtheria. He quotes a number of cases of these diseases and also other malignant conditions.

Cratægus Oxyacantha IN THE TREATMENT OF HEART DISEASE.²²—Until about two years ago there lived at Ennis, County Clare, Ireland, a well-known physician named Greene, who was well and favorably known over the greater part of Ireland for his reputed ability to cure heart disease. He amassed a good deal of money out of his secret remedy. About two years ago he died, and his daughter directed the executor of the will to make public the heart cure, which was found to consist of *cratægus oxyacantha*.

Dr. M. C. Jennings procured some of the fruit and prepared the remedy himself.

The first case was that of a Mr. B., aged seventy-three years; found him gasping for breath with a pulse rate of 158 and very feeble; great œdema of lower limbs and abdomen. A more desperate case could hardly be found. Gave him 15 drops of *cratægus* in half a wine-glass of water. In fifteen minutes the pulse

beat was 126 and stronger, and breathing was not so labored. In twenty-five minutes pulse beat 110, and the force was still increasing, breathing much easier. He now got 10 drops in same quantity of water, and in one hour from the first he was, for the first time in ten days, able to lie horizontally on the bed. An examination of the heart found mitral regurgitation from valvular deficiency, with great enlargement. For the œdema prescribed hydrargyrum cum creta, squill, and digitalis. He received 10 drops four times a day of the cratægus, and was permitted to use some light beer, to which he had become accustomed, at meal time. He made a rapid and full recovery.

Cimicifuga IN UTERINE DISORDERS.—Dr. A. C. Cowperthwaite.⁷—This drug, though not resembling belladonna, is the opposite of caulophyllum; its action being due to nerve irritation spasms. It therefore becomes an invaluable remedy for uterine irritation and reflex neuroses resulting therefrom. Hysteria, chorea, neuralgia, etc., resulting from uterine irritation, most often call for cimicifuga. It is second only to pulsatilla in amenorrhœa, especially suppressed menstruation from cold or emotions, rheumatic or neuralgic dysmenorrhea, with shooting pains, weight, and bearing-down feeling in uterine region and small of back. The shooting pains are most apt to go from side to side rather than up and down. Also a valuable post-partum remedy, after-pains, rigid os, etc., due to spasms rather than to congestion. Belladonna is a congestion remedy, caulophyllum an atonic remedy, and cimicifuga a spasmodic remedy.

Kali Sulph. IN LOCAL DRESSINGS.—Dr. F. D. Bittinger, Dayton, O., reports the following case.⁸—Mr. M., age about thirty-eight, was brought to me with a little sore place on his lower lip at the margin of the mucous membrane and the skin. It had given him much annoyance, having resisted treatment for some three months, and seemed to be getting worse. A clear diagnosis was not made. There was no family history of cancer, although there had been some consumption. We concluded to try the efficacy of the tissue remedies for a while, and to watch the case for further developments. Kali sulph. 3x was dusted upon the sore lip four

times a day, it having been washed off each time previously with a solution of kali sulph. in warm water. The same remedy was given internally, and from the start the effect was marvelous in its curative power. In three weeks the lip was well, and there has been no return of any suspicious symptoms.

Kali Sulph. IN SWOLLEN ARM.—Mr. W., æt. thirty-three, came to me, says Dr. Bittinger,⁹ with an arm swollen to twice its normal size, very red, painful, and feverish. In the history he claimed to have been poisoned while in the woods over a week before, and the arm seemed to be getting so much worse that he was alarmed about it. Kali sulph. 3x was rubbed over the arm twice or three times a day, and the same potency of it was taken internally every hour. The next day the arm was greatly improved, and in three more days the external application was stopped, when the swelling again became aggravated. Kali sulph. locally was continued, and within a week the arm was well. The aggravation was readily noted immediately upon stopping the local application, although the medicine was given internally during the time. Did the local application effect a cure without the aid of the internal medication?

Psorinum IN OTORRHOEA.—Dr. George A. Whippy.¹⁰—Mr. J., carpenter, aged forty years, came to me for treatment for a long-standing case of otorrhœa of the left ear.

His case presented the following symptoms: Discharge of reddish cerumen, very offensive, from left ear, worse at night.

Sensation of opening and closing as of a valve in left ear, worse in the afternoon.

Buzzing in the ear, which suddenly stopped and was followed by violent itching.

Dull heavy pain in base of brain in afternoon, which was accompanied with a sensation as though the skin of the abdomen was greatly relaxed and drawn down.

Face sallow and greasy; several pustules on chin and neck, which itch intensely and bleed when scratched.

I gave him psorinum 200th, a dose every third night, and all symptoms disappeared.

The Modified Diet IN DIABETES.—In a very masterly paper found in the London Homeopathic Hospital Reports, by Dr. D. Dyce

Brown, on the Dietetic Treatment of Diabetes Mellitus, Dr. Brown takes the advanced ground that the taking from the patient of all reasonable articles of food and substituting therefor gluten bread, almond biscuits, meat diet, etc., even if in time it causes a decrease in sugar as found in the urine, is no cure of the diabetes. This condition goes on and on until it ultimately engulfs the patient. The trend of this able paper is to the effect that the administration of the properly indicated remedy, with ordinary food, removing only such few articles as have been found to be deleterious, will do more good than the rigid and superstitious diabetic diet. "I am inclined to think that a certain amount, at any rate, of the extreme weakness that many patients experience when under strict regimen for diabetes, is due to the utter exclusion of such articles of diet as may, however slightly and indirectly, tend to produce sugar. . . One must not judge by the state of the urine. . . [this] is the gauge of the amount of sugar which is not assimilated . . . but when he is placed on rigid diet, the amount of sugar in the urine is a fallacious test of the real and essential improvement, or tendency toward cure. One must look rather to the patient's general well-being, and the evidences, other than the urine, of symptoms of returning health."

Iris Versicolor IN CHOLERA MORBUS.—Dr. H. L. Waldo. "I was called early on a hot August morning to see a gentleman about fifty years of age, who had had cholera morbus several hours very severely. I found him sitting upon one "chamber" and vomiting into another. The passages, or the efforts at vomiting, were occurring so frequently as to give him no opportunity to remain in bed. He was weakened so as to require support upon the vessel, and was unable to get into bed without assistance. There was little difference in appearance between the matter vomited and that passed from the bowels. There was scarcely any odor about it; it was yellow water and very copious. He was suffering great pain through the whole stomach and bowels; the limbs, especially the calves of the legs and the feet, were cramping almost constantly, and were cold. I prescribed iris versicolor. In a few moments we were able to get him into bed; but a few

efforts at vomiting were made, and not more than three or four passages occurred; the cramps in the legs continued till I prescribed cuprum aceticum, which afforded speedy relief. His subsequent recovery was rapid.

Iris Versicolor IN DIARRHEA.—Dr. F. G. Oehme⁷¹ reported the following: A generally healthy man was subject to sudden and often unaccountable attacks of diarrhea. The discharges were brown, slimy or watery, frequent, and generally very offensive, but the most marked symptoms appeared to be an uncommonly severe tenesmus, prolapsus of the rectum (frequently piles), and very intense feeling of exhaustion, from the very commencement of every attack, and growing rapidly worse with every discharge. Appetite not much affected, generally no pain in bowels. I gave at different times merc. sol., merc. cor., puls., nux. ars., phos., phos. ac., etc., but none of them seemed to have any decided effect, as the diarrhea grew slowly better within two, three, or four days. At last I prescribed in a new attack iris vers. 2d, one dose every hour, which checked the diarrhea at once. Using in the subsequent attacks the same remedy, they came less and less frequently, and ceased finally entirely, or at least developed no further. If the patient feels as if diarrhea might appear, a dose of iris will prevent it.

Hyoscyamine IN PARALYSIS AGITANS.—Dr. Prentice.⁷²—A Boston clergyman, sixty-five years old, first seen in January, 1891. Shaking of the head and right upper and lower extremities had continued for a period of four years, gradually increasing in severity.

I used a solution of hydrobromide of hyoscyamine, two grains to the ounce of water. This was dropped into each eye. In twenty minutes the shaking of the upper and lower extremities and head had entirely ceased. At the end of three-quarters of an hour there was such a general relaxation that the patient was unable to rise from the chair. The intelligence did not seem to be disturbed, but the organs of speech were very much interfered with, so that it was difficult for the patient to talk. I anxiously watched my patient, sitting and talking with him for a period of two hours, at the end of which time he was able to get up from his chair and walk again. At the end of three hours

there was no impediment to the speech and the shaking had not returned. At the end of about six hours the patient told me the symptoms gradually began to present themselves again.

The following day I reduced my solution to one-half the strength, one grain to the ounce. This did not interfere with the locomotion or the power of speech, but again put the shaking in abeyance. I followed this case up for a month, during which time the paralysis agitans was kept under almost complete control by instilling a drop into each eye morning and evening, using a solution of the strength of one grain to the ounce.

Tuberculinum IN TUBERCULOSIS.—Dr. Kunkel (Transl.).⁹—N. N., a boy æt. thirteen, consulted me on May 14, 1891. A sister died of tuberculosis of the lungs when three years old. Several brothers and sisters of the father had the same fate. Patient is afflicted with headache on left side of forehead, especially in the afternoons, unchanged whether he is at school or in the fresh air. This is coupled with a total want of appetite, frequent epistaxis of light-colored blood. Other functions are tolerably normal (one of his sisters also has headache with total want of appetite). At times patient complains of stitches in right hypochondre. Received tuberculin 30th, four powders, one to be taken every seventh evening.

He did not come back until September 6. The effect had been so favorable that his parents did not deem it necessary. After the first powder the headache ceased; had epistaxis only once, but so profuse as to perceptibly weaken patient for the time being; appetite excellent. Prescribed: six powders of same remedy to be taken in like manner. Have not heard from or seen the boy since then.

Berberis Vulgaris IN RENAL COLIC.—Dr. P. Pinart²⁰ of Barcelona was suddenly called to a man of forty-five years of herculean constitution, addicted to alcohol, and a stevedore on the docks, who complained of an atrocious pain in the region of the right kidney, with repeated rigors, nausea, vomiting, with cold sweating; his urine was suppressed. Renal colic was diagnosed, and berberis vulg. 3x was administered every hour. After the third dose

the pain diminished, and he passed urine which contained a great quantity of sediment and gravel. The patient made an uneventful recovery.

Carbo Veg. Crude NOT ANTIDOTED BY CARBO VEG. DYNAMICALLY.—C. M. Haynes, M. D.,¹⁷ tells the following.—It was during the first year of my practice that I was consulted by a young mother for sore mouth. Her gums were spongy, bled easily, and were very red. There was constantly some salivation with a few deep, red ulcers, having sharply cut edges as if scooped out with a sharp olive-shaped instrument. These ulcers were located beneath the tongue and along the sulcus between lower lip and jaw. She told me these were sometimes covered with a white coating, or canker, but I never saw them in that state. Her general health was fair notwithstanding constant irritation in the mouth, which made her very nervous. I should add that flatulency and pyrosis were present to some extent, while cold hands and feet were habitual. I asked her, as I usually do, what medicine she was taking, and she replied none. She had suffered in the same way for a year and a half. She had used a solution of borax and honey and other domestic remedies, and had been given calomel, iodide of potash, etc., by her family physician, but nothing helped her. I prescribed carbo veg., beginning with 3x and running up to the 30th, without result. I prescribed, in turn, everything that seemed to have any relation to the case, and some that had none. I failed completely, and leaving the State soon after, seven years elapsed before I saw her again. When we met she immediately asked me if I would like to know what cured her. Of course I replied affirmatively. It seems she consulted an old doctor who claimed to be guided by spirits, and he asked her at once how much charcoal she was eating a day. She said a saucerful. He replied "Quit it, that is all you need." She obeyed, and Nature's kindly hand healed her disease immediately. She had contracted the habit of eating charcoal during her first pregnancy, taking it for acidity of the stomach.

Calcarea Renalis Præparata IN RIGG'S DISEASE OF THE TEETH.—Dr. J. E. K. Herrick says,⁹ I have been troubled with gravel and

Rigg's disease of the teeth, which go together. After investigating and consulting many doctors I accidentally heard of the remedy calc. ren. præp. I think it has cured my gravel trouble, as all the trouble has disappeared since I used the remedy. I also believe it a cure for the so-called fatal Rigg's disease of the teeth and am trying to advertise this wonderful remedy. For eleven years I have been hunting for a remedy to prevent Rigg's disease of the teeth, or to prevent calculus forming on teeth; in other words, to eliminate larvie from blood. I feel sure indeed that calc. ren. præp. will do it. Until I found this remedy I expected to lose all my teeth, and now I shall save them all. I am having a dentist watch my teeth and see the effect of calc. ren. præp.

Sanguinaria Nitr. IN NASAL POLYPUS.—Dr. G. L. Barber.*—April 5, 1896, Karl Litwitz, German, age thirty-three, residing at 8247 Buffalo Avenue, Chicago, called to have a nasal polypus treated. It was situated in the anterior right nasal fossa, about the size of a cork in a dram bottle, and was bleeding. It protruded from the nose anteriorly. No treatment before.

Sang. nitr. 1 m. one dose, and sac. lac. three times a day.

April 14, patient reports: bleeding ceased; no other change.

April 25, patient says: no change.

Sang. nitr. c. m. 1 dose, and sac. lac. three times a day.

May 25, patient reports no visible change.

Teuc. mar. v. c. m. 1 dose, and sac. lac. as above.

July 31, patient reports the polypus cured in about two months after the first prescription.

Oleum Myristicæ IN BOILS.—J. Cavendish Molson.—Richard P., aged thirty-one, consulted me on August 12 last. In the preceding eight weeks he had twelve to fifteen boils spread over the gluteal region. I prescribed oleum myristicæ 2x, gtt. 5, 2 h., internally, and oleum myristicæ pure to be rubbed over the boils, and any incipient ones, externally. On August 21, patient reported that on the first and second day after he had consulted me four more boils appeared—one on the left eyelid, one on the foot, and two on the buttock. He then added: "At

the present moment I stand clear." I repeated the tincture, however, to prevent possible recurrence.

Carbolic Acid POISONING FROM LOCAL USE.¹⁷—I have met with three provings of carbolic acid used in an enema. In two of the cases there was a sensation of faintness radiating from the heart, oppressed breathing, cyanotic flush of face and finger nails, trembling of whole body, with muscular relaxation and great fear. The third case occurred in an institution where flushing the colon was a fad. The superintendent was personally treating a large, vigorous man of seventy, when I heard my name called urgently. I hastened to the bathroom and found the patient pulseless, cyanotic, lower jaw dropped—apparently dead. The superintendent was paralyzed with fright. I did not stop to make inquiries, but suspecting that carbolic acid had been used, it seemed expedient to relieve the patient of his enema without loss of time, and I secured my rectal speculum and stretched the anus (at that time I had never heard of Dr. Pratt's method in asphyxia); the colon was emptied, breathing was resumed, and in a couple of hours the patient was sent home in a carriage, safe but extremely prostrated.

Mullein Oil IN ENURESIS.—Dr. O. S. Laws* of Los Angeles, Cal., has been reporting his experience with mullein oil. Two schoolgirls, who had been excluded from the public schools on account of deafness, were again admitted after about three weeks' use of the mullein oil, two or three drops in each ear twice a day. I have found it helpful in many cases of deafness in older people. "But for enuresis I have found it, so far, a specific. I place it at the head of the list for that condition, both for its certainty and pleasantness." One of the cases was that of a boy aged sixteen, who from childhood had been troubled with enuresis which nothing would cure until he received fifteen drops of mullein oil three times a day, which soon permanently cured him.

Echinacea IN BOILS.¹⁸—Mr. K., a gentleman of high standing who occupies the position of general yardmaster on one of the great railroads that terminate in this city, is a man of some forty years, and weighs nearly two hundred pounds; temperate in all things. Some

ten months ago he was annoyed by boils. One after another came, and nearly teased the life out of him. He applied to the Hospital of the Missouri Pacific Railroad in this city, and received the attention of the head of the establishment, whose regularity would equal that of a country "schoolma'm." He was given medicines of all kinds, save that necessary to give him relief. The suppurations grew worse, assuming the condition of carbuncles, and of these he had three or four at a time. The surgeon of this establishment cut and slashed these growths, after the most approved fashion. This went on for some time, until the man was completely discouraged, and made up his mind that the trouble would kill him before he got through with it. At this juncture I put him upon echinacea, in form of half an ounce of the specific medicine to a four-ounce mixture, a teaspoonful to be taken every three hours. No more carbuncles or boils came. Those that he already had dried up, and gradually left him. It has now been about two months, and he is entirely free from his former annoyance, and says he believes this medicine saved his life.

Sulphur IN ASTHMA FROM A SUPPRESSED ERUPTION.—Dr. Dahlke.⁶—R., a teacher, about forty, came to me in the summer 1892 on account of asthma, from which he had suffered three years. He thinks it has been caused by taking cold. The attacks usually arise after catching cold, and continue several days at least. They begin with whistling in the chest, and dyspnœa when walking. This increases to such a degree that the slightest motion produces a want of breath. The first days there is neither expectoration nor cough afterward. This is followed by expectoration of mucous threads, without cough. When the attacks are severe he cannot go to bed, and must sit bent forward. Fumigation with stramonium and hyoscyamus relieves.

He had suffered since his sixteenth year from an eruption, which disappeared with the beginning of the asthma and has not returned.

During winter he suffers most. He is a demi-blond, inclined to corpulence. I gave him sulphur 5th, which he took until late in autumn.

The eruption has returned and troubles him much with itching.

Sulphur 30th, a dose night and morning for three days, then placebos and complete cure.

Ferrocyanide of Potash IN NEURALGIA.—Dr. Wm. G. Dietz²⁰ offers the following summary, the result of personal experience with the remedy in question :

1. Its principal usefulness in neuralgic affections, depending on an impoverished condition of the blood ; or an exhausted condition of the nerve-center, especially the spinal.

2. Reflex neuralgias ; especially those of intrapelvic origin.

3. Its possible use in neuralgic or rheumatic pains, depending on organic disease of the nerve centers, such as locomotor ataxia.

4. To obtain good results the remedy must be given for some time. Not being an analgesic in the strict sense of the word, it rather cures than palliates, by removing the cause.

Ferrocyanide of Potash IN NEURALGIA.—Dr. Wm. G. Dietz.²⁰—Mrs. H., aged twenty-three, farmer's wife and the mother of three children, was brought to me by her mother. Patient small in stature, anæmic, and weak. She has been told that she has incurable heart disease, and merely came in the hope that something might be done to relieve her pains. The beginning of her trouble she dates back from three to four years. Complains of a great deal of distress in the region of the heart ; frequent attacks of pain which she describes as a severe ache with occasional sharp plunges. The pain is generally aggravated by moving about, any exertion, and relieved by keeping quiet, though occasionally the reverse is the case. The paroxysms are, as a rule, accompanied by palpitation of the heart, which occurs also independently of the pain. Mentally she is depressed, knows she has heart disease and that her days are numbered. Appetite fitful ; bowels inclined to constipation. Urine pale, voided rather frequently and increased in quantity, sp. gr. 1014, no abnormal constituents. No complaints referable to the reproductive organs. Inclined to chilliness, hands and feet cold. Has taken quantities of patent medicines. On physical examination could detect no signs of organic disease.

Gave her kali ferrocyanicum 1 x, tr. ij, three times daily. In about two weeks improvement was noticeable ; continued the remedy about

four months, when she considered herself entirely well. Does her own work, and has only occasionally a slight return of the pains, usually caused by overwork. The mental symptoms in this case correspond closely with those of the provings as recorded in the Encyclopedia of Pure Materia Medica.

Gelsemium Sempervirens.—Dr. Hengstebeck*, of Leipzig, sums up as of greatest practical importance the following indications for gelsemium :

1. Paralysis of the eyelid (sinking down of the upper eyelid).
2. Diplopia, paralysis of the muscles of the eyes (both caused by paralysis of the nervus oculo-motorius).
3. Paralysis after diphtheria.
4. Paralysis of the vocal ligaments (paralysis of the nervus laryngeus infer.).
5. Difficulty in deglutition (paralysis of the laryngeal pharyngeal of the nervus vagus).
6. Headache, extending from the neck over the head into the eye (similar to that of cimicifuga), with characteristic mental symptoms ; at times migrain.
7. Diseases of the male and female sexual organs : impotence, incipient gonorrhea, rigidity of os uteri during parturition, menstrual troubles.
8. Professional ailments (professional neuroses) (cramps from writing and from playing the violin).

Chelidonium IN RHEUMATISM.—Dr. W. A. Barr* emphasizes the need of thorough study of a case by the relation of the following case :

A girl aged six years, in the third week of a slow remittent fever, was suddenly taken with severe rheumatic pains in her ankles and feet. The skin became hard, somewhat reddened about the inner ankles, and the feet considerably swollen and distended. The slightest movement or touch extorted screams of pain, from which the only possible relief was constant ablution in hot water. For convenience a hot poultice was tried, but it became necessary to return to the hot water. Save a little rheumatic pain of the neck and a slight pain over the bladder there was no pain elsewhere, no appearance of jaundice, nor any great disturbance of the alimentary tract. The temperature averaged about 100°

and the pulse 112. The urine was loaded with urates, but was normal in quantity.

For three days she grew from bad to worse, the paroxysms of pains coming at more frequent intervals and lasting a greater length of time. Neither rhus tox. nor bryonia, the latter seeming the true homeopathic remedy, had done any good. I was sent for in haste, for a crisis, in the minds of the parents if not in the disease of the patient, had come, and something effective had to be speedily done.

A careful review of the case led unmistakably to chelidonium, which was given in the 1x. The effect was marvelous. In a few hours the pain was gone, the swelling of the feet began to subside, softening of the skin and relaxation of the feet followed, and in a few days the patient was practically well.

Picric Acid IN BURNS.*—Papazaglou recommends, from practical experience, the employment of picric acid in the treatment of burns. He claims that the application of the solution of this acid to the burn does much to relieve pain; that it is antiseptic, and prevents or clears up suppuration; that it favors cicatrization and healing of the skin; and that, if applied immediately after the accident, it prevents, to a great extent, the formation of blebs and cutaneous congestion. Where the burns are very extensive the patient may be immersed in a bath of picric acid; if the lesions are limited, a picric acid solution may be placed upon antiseptic gauze and applied to the part. The following solution is the one employed :

R Powdered picric acid, 75 grains; alcohol, 2 ounces; boiled or distilled water, 1 quart.

These applications are employed for three or four days, rigid antiseptic precautions being continued.

Even in severe burns two or three applications are quite sufficient to produce almost an entire cure.

Felix Mas. ATROPHY OF OPTIC NERVE FROM TOXIC DOSE.*—Since Massius reported two cases of amaurosis caused by the ethereal extract of male fern, Grotz has reported another. A man, twenty-nine years old, went to the drug-store and asked for something for tapeworm. The druggist gave him capsules, each containing twenty-five centigrams of male fern and an

equal amount of pomegranate. The patient took thirty-two of these with some castor oil. In the evening he began to feel ill, and the next day became unconscious. On the following day he was completely blind. An examination by an oculist at that time showed mydriasis with a normal fundus, but eight days later atrophy of the optic nerve was apparent. The toxic action was due to the extract of male fern. The toxic dose varies from four to forty-five grams depending upon the freshness of the preparation and also on the presence of castor oil, which favors the absorption of the male fern. In experiments the male fern given without oil was harmless, but the same dose given with oil caused the death of the animals.

Aconitine, DANGERS OF.—Dr. Tondeur³⁷ describes the toxic effect of a fifth of a milligram of the crystallized azotate of aconitine. Pronounced manifestations of intoxication appeared dilated pupils, creepy feelings, cramps, feeble respiration, arrhythmic heart beat, pricking of tongue and lips, constriction of the throat, abundant flow of saliva, excitation alternating with prostration, and finally complete arrest of respiration. By means of artificial respiration, injections of ether, tincture of belladonna, and frictions with mustard water, etc., recovery was brought about. He therefore advises never to order more than a tenth of a milligram.

A Cure with Cuprum.¹⁵—Mrs. W., a Scotch lady, over seventy-five, had suffered for a number of years past with cramps, beginning in the toes and extending into the muscles of the calves. If the attacks were not cut short the muscles of the leg were knotted up to such an extent that one could lay one's hand in the hollows between the rigid muscles. Stepping upon a cold floor would bring them on, or walking any distance. They seemed to come about so often whether any exciting cause was present or not. Her own physician in a distant city—an allopath—could give her no relief except with morphine. Warm applications soothed her somewhat, but morphine was the only thing that relieved the great pain of the attacks.

When on a visit to Detroit I was called to see her at the beginning of an attack. She asked for the morphine, and said nothing else would relieve her. Promise was given that she should not

suffer, and cuprum met. 3x prescribed. The attack passed off very quickly and without any hypodermic. She has had one mild attack since, which cuprum relieved, and no other. She walks a mile to church Sundays, even when snow is on the ground—a thing she has not been able to do for at least five years.

Pulsatilla 200th, INVOLUNTARY PROVING OF.—Dr. C. E. Fisher¹¹ describes the experience of Miss —, aged twenty-seven, a bright young lady in good health, who accidentally drank a solution of two ounces of water and twenty drops of pulsatilla 200th toward the middle of the afternoon. Early next morning she suffered severe uterine crampings, much like menstrual colic, was slightly nauseated, and fainted before breakfast. The pains were acute and colicky in character. The eyes were encircled with dark rings, the pupils were somewhat dilated, the lips ashen and face bluish, hands and feet cool, circulation impaired, heart's action and breathing labored. For several hours she suffered severe cramping pains, general circulatory disturbances, and light-headedness. No other operating cause could be traced, and as all the symptoms wore away within a few hours without medication and without disturbances of the digestive organs, the conclusion was forced that the case was one of an involuntary proving of the remedy. The subject is easily influenced by the higher attenuations, is in the enjoyment of fair health, without uterine or menstrual difficulties. The proving occurred a week prior to the menstrual nixus, which was not influenced thereby. The patient faints easily, usually painlessly. But her fainting spell at this time was attended by writhings and severe pain, with a pitiful wail of woe as she lost consciousness. It was attended also by severe pressure in the head, on the vertex, and an agonizing sensation of impending faintness never before experienced, with a "just tell them that you saw me" expression that seemed to say that her fainting was unto death.

China IN DIARRHEA.—Dr. D. H. Dean.⁸—A gentleman, aged forty, had been troubled with a diarrhea for three weeks. Just previous to his taking the diarrhea he had been traveling about two weeks, eating a great deal of fruit and otherwise careless with his diet. After returning home he tried dieting himself and took several

simple home remedies, but to no purpose. The stools were aggravated by eating; some colic previous to going to stool; stools blackish in color and containing undigested matter; a good deal of debility. I prescribed china, ten drops tincture in one-half glass of water. This produced marked aggravation. I then put one teaspoonful of this solution in one-half glass of water, and he felt relief from the first dose and very soon was entirely well. He afterward told me that what surprised him was that this checking of the diarrhea was not followed by constipation, and said he was a convert to that method of treating.

Spigelia IN SPASM OF STOMACH.—Dr. Villers.—A woman, aged thirty-two, of robust frame, suffered from a spasm of the stomach, coming on every evening at eight o'clock; after great exertion it comes on during the day. It goes off when she goes to bed and falls asleep. She has also a sensation as if the left side of the chest were larger and wider than the right; this she only feels when lying down. Auscultation reveals an obtuse murmur with the diastolic heart's sound. This murmur is strongest under the third rib, near the anterior axillary line, and in the supraclavicular space of the same side. She got for a fortnight daily one drop of the 30th dil. of spigelia. On seeing her two months afterward she told me that she only had one more attack of spasm of the stomach. Auscultation showed perfectly pure heart's sounds without any murmur.

Niccolum in Migraine.—Dr. H. Moser²³ has a paper on the treatment of this malady. His experience is that one can never hope to cure a case without getting the patient to give up coffee entirely; that sanguinaria and iris are the leading remedies; and that niccolum, when indicated, "will surprise." Its pain is most severe in the forenoon, from ten to eleven, and may be so intense then that the patient cries out in anguish. It appears first on the left side, then possibly jumps over to the right. In the evening it disappears.

Capsicum IN BLACK EYE.*—There is nothing to compare with the tincture or strong infusion of capsicum annuum mixed with an equal bulk of mucilage or gum arabic, and with the addition of a few drops of glycerine. This

should be painted all over the bruised surface with a camel's hair pencil and allowed to dry on, a second or third coating applied as soon as the first is dry. If done as soon as the injury is inflicted, this treatment will invariably prevent blackening of the bruised tissue. The same remedy has no equal in rheumatic stiff neck.

Ipecac. IN CLONIC SPASMS.—Dr. Kunkel (Transl.).⁹—A man æt. seventeen, sanguine temperament, had scarlet rash, and catching cold, had a swollen foot, and suddenly a clonic spasm. Patient lies on his back unconscious, face pale, bloated, eyes now shut then open, horrid twitchings of the facial muscles of the lips and eyelids as also of the arms and thighs, so as to lift up the upper part of the trunk. Such an attack lasts from ten to fifteen minutes; then patient lies exhausted, and the next attack will come on in five minutes. At times he seems to want to vomit. After the attack ceases he is weak, knows his family, but cannot speak aloud. Ipecac. 2d eased the spasms within an hour. He had a good night's rest and recovered.

Iodide of Arsenic IN CHICKEN CHOLERA.—I can fully indorse, says Dr. Boocock,²⁰ the curative powder of iodide of arsenic in certain forms of humid asthma, having been successful in a few cases. I want to speak of this medicine as a means of curing the summer complaints we often meet during the hot weather. Two years ago I lost almost all my chickens by chicken-cholera. Last summer a new lot of hens and chickens began to die off by the same disease. I thought it a good chance to try ars. jod. I mixed about two pounds of meal with two drams of the remedy, and left the mixture in the chicken-house for them to take at will. It cured every case. I had a good lot of it left to throw away. In severe cases of cholera infantum it promptly cures when all our usual remedies failed.

Æsculus Hippocastinum IN CHRONIC OTORRHOEA AND DIARRHŒA.—Dr. F. O. Pease,⁶—Mr. D. W. C., aged fifty-six, had been under my care for some weeks troubled with chronic otorrhœa and diarrhea; when the latter was better the ears were worse, etc. Treatment thus far had been unsatisfactory to me though the patient seemed satisfied. It transpired that in taking a new "photo" of the case, he said to me, "Doctor,

you may laugh at me, but the only relief I get from the aching in joints of my hands and wrists, and in my arms, is from tightly holding this buckeye in one or other hand; always in from five to twenty minutes the aching or pain will gradually leave." Now, I did *not* laugh at him, but went into his history and found that eleven years before he had had an operation for hemorrhoids (injections of carbolic acid and oil), and that ever since his hearing had troubled him, and that the diarrhea also had begun not long after, although the piles had only at long intervals troubled him.

I further learned that the piles themselves had been *æsculus* piles, and I also further learned from "Guiding Symptoms" that that remedy had many of my patient's symptoms which he now had, and had had years ago. I gave him in the order named *æsculus*, and my patient's otorrhœa, diarrhea, rheumatic stiffness in hips, aches in hands, arms, and deafness have disappeared, as also the severe case of piles which developed soon after giving the remedy, which I treated industriously and successfully with *sac lac*.

Rhus IN FACIAL NEURALGIA.—Dr. Lütze.⁸—Mrs. L. Neuralgia on left side of face, neck, and left shoulder; better from warmth of fire, rubbing, and external hot applications and motion, must move or rock, cannot keep still; worse in the morning at 9 o'clock, and evening from eight to twelve, from rest or cold. Picking or pressing with a toothpick at and between the teeth on the left side also relieves somewhat. Sleepy after the aggravation. *Rhus*²⁰⁰, and next day *rhus*^{1m}, no change. *Sac. lac.* for three days, but getting worse. On the sixth day I gave in the morning *rhus*^{105m}, one dose in water, a spoonful every hour, and a cure followed in four hours. The neuralgia returning a few days later, another small dose of the same, *rhus*^{105m}, was given, which put an end to the trouble.

Belladonna IN WORM FEVER.⁸—Arthur H., *æt.* three years, has been a pale, feeble child since birth; never had a normal stool, but always diarrhea, generally with prolapse of rectum. Awakened, or, at least, sits up at night in bed screaming, and cannot be pacified; wets the bed at night; also passes worms now and then. I had treated the child now and

then, giving *cina*²⁰⁰, which improved him very much, but finally the mother brought him to me, saying he had the worst worm fever he had ever had, though he had this every now and then. She could give no new symptoms. The boy's cheeks and tips of ears were a brilliant scarlet red, the other parts of the face, especially around the mouth, white as snow; brilliant staring eyes, dilated pupils. Skin dry and hot like fire. When I spoke to him coaxingly he flew in a rage, such as I should have thought a child so young hardly capable of.

Bell.^{cm}, one powder in water, a teaspoonful every hour, produced such a remarkable improvement in one day that he seemed almost well, but on the third day there was some return of the fever and irritability, when I gave a small dose of *Bell.*^m (Fincke), which cured in a week the whole condition, and he has been well and healthy ever since.

Phaseolus, A NEW HEART REMEDY.—The *phaseolus nana*, or common white bean, is introduced as of probable value in cardiac disease with dropsy by Dr. A. M. Cushing.^{1*} He developed heart symptoms in his own proving, and has cured several cases of weak and irregular heart with the remedy. One case is that of a lady physician, aged thirty, married, no children, who has never been sick except with childhood diseases. Two years ago had considerable mental trouble and rode a bicycle a good deal. Since that time, two years ago, five times each minute, or about that, her heart would give one hard unpleasant throb, then omit one beat, this in the day time, but much worse at night, preventing sleep. Being in something of a hurry, I did not examine the heart, thinking there would be a plenty of time later, but gave her *phaseolus*, the 10th I think. Thirty-six hours later the heart would beat one hundred consecutive times without the slightest variation and it continued to improve, although after taking the medicine thirty-six hours she was obliged to desist on account of a severe headache. She is never subject to headaches, but it was so bad she dared not take any more of the medicine. It was as if something was pressing hard against each temple, much worse soon after taking each dose of the medicine.

Bromides, POISONOUS EFFECTS OF.—Dr.

S. W. M. Mottell¹ read a paper on this subject, in the course of which he said that it has long been recognized that the bromides may increase the unpleasant after-effects of epileptic fits, especially the irritability of temper. This will in some cases be accompanied by ptosis and feebleness of the limbs, not rarely more marked upon one side than upon the other—just like some drunkards who can recognize that they are distinctly "drunker in one leg than in the other"—feebleness and dullness so marked at times as to amount to partial imbecility. This was the condition in a girl of seventeen, whose father, an apothecary, on the principle, "if a little helps, much will cure," had been giving her 150 grains of potassium bromide a day. The fits stopped, the child nearly did the same, lying for days in a state of imbecile collapse, but recovered rapidly when the drug was stopped. In two children, to each of whom 100 grains of lithium bromide was given by mistake, a similar though milder condition developed. There were curious disturbances of memory, and they were quite unable to walk, the left leg being worse than the right. In many cases the author had seen melancholia and mental depression, even to suicide, produced by the continued use of bromides.

Homatropine AS A CYCLOPLEGIC.—Hansell² says the single superiority claimed for homatropine over other mydriatics is the speedy subsidence of the paralysis of accommodation after its use. Points of inferiority are its cost, and the number of instillations necessary and the conjunctivitis frequently produced. Homatropine cannot be relied on to completely paralyze accommodation in young individuals.

Petroleum IN TRACHOMA.—Dr. John H. Payne reports the verification of a symptom of petroleum, a sensation on the skin of the face and lids of dryness and constriction as though covered with a thin layer of albumen. The patient, aged forty-five, had chronic recurrent iritis and ectropium from trachoma. She suffered great distress each night from dull, heavy pains in her eyes, which appeared very much flushed in the ciliary region, with the characteristic pink zone around the edge of the cornea, a symptom so indicative of iritis, and with contracted and inactive pupils and photo-

phobia. Her lower lids were completely everted, so that the lining mucous membrane was much exposed. This was of a dull, dead, pale pink color, and covered with transparent elevations the size of an ordinary pin head, and almost bloodless in appearance. The cheek beneath appeared glazed and contracted. There was no discharge from the eyes, except an occasional lachrymation from the pain of the iritis. Questioning could elicit no history of importance, except that she had had the symptoms of iritis off and on for many months, and the eversion of the lids for a much longer period, and had adopted various methods of treatment without benefit. The only definite subjective symptom on which to base a homeopathic prescription was this one that I have referred to, namely, a sensation of dryness of the skin, as though glazed by a thin layer of albumen. Petroleum was prescribed with the result of a complete and rapid subsidence of the symptoms, a disappearance of the pain and of the flushing of the iris, and a restoration of the lids to their normal position and appearance, and simultaneously a subsidence of the guiding symptom that I have referred to on which the prescription was based. I have heard from the patient several months later, and have learned that she still continued well.

Strong Coffee, TOXIC EFFECTS OF.—J. T. Rugh,³ relates a case in which profound toxic effects from the drinking of large quantities of strong coffee were observed, a number of symptoms being those of beginning "mania à potu." The patient's pulse was 96 and full, but weak; his respirations shallow and numbering 24 to the minute. The pupils were normal, the tongue slightly coated, the bowels regular; the skin moist, but not flushed; and his expression was agitated with the fear of some impending danger. His muscles were in such a state of tension that upon the slightest movement of arms or legs clonic spasms occurred, though none was present when he lay perfectly relaxed, which, however, his exceedingly nervous condition would not allow him to do. If he tried to sleep, he would be seized with hallucinations just before losing consciousness, imagining that disasters were about to overtake him and seeing all kinds and shapes of images and objects. Then he would start up with fright and find himself in the greatest

nervous excitement. When he stood up, he could close his eyes or look at the ceiling without wavering. His knee-jerks were slightly exaggerated, but sensation was perfect.

The diagnosis of coffee intoxication was based upon the history of excessive coffee-drinking for three weeks, the absence of liquor-drinking in quantities sufficient to produce constitutional effects, the nervous symptoms (spasms of muscles, hallucinations, and extreme excitability), and the absence of an attack simulating *petit mal* in any way.

Geranium Maculatum IN HEMOPTYSIS.—Dr. C. J. Wendt¹⁹ says this drug has lately been given extended clinical trial in the Metropolitan Hospital for pulmonary hemorrhage.

It has been customary to prescribe this drug in from two- to five-drop doses of the tincture, repeated every two hours, upon the first signs of blood in the sputum, and the results have been uniformly good. A few doses generally suffice to stop the flow, and only in cases of long standing has it been found necessary to continue the treatment over any length of time. In such cases, the influence of the drug manifests itself by a change in the character of the expectorated blood, which becomes darker, clotted, and much less in quantity. As many as fifty cases have been so treated in the last two months, and in only one case has it failed to control the bleeding, this being a case of four months' standing, and under the action of the remedy it is slowly improving. Not only in phthisis is the drug of value, but the same result has been obtained in cases of bronchitis and passive congestion.

Myristica Sebifera IN SCROFULOUS OSTEITIS.²⁶—Having regard to the experience reported from Dr. Chargé as to the use of *myristica sebifera* in whitlow, Dr. Olive y Gros of Barcelona has essayed the drug in scrofulous osteitis and ulceration, and in phlegmonous erysipelas. He obtained a relative success in the two former maladies, an absolute one in the latter.

Natrum Muriaticum IN CATARRH.—Dr. P. C. Majumdar¹⁷ details a case of catarrh which recurred annually at the rainy season until the sense of smell was almost lost.

"The catarrh was of an excoriating nature, alæ-nasi and the neighboring parts were sore and

raw by the constant outpouring of mucus from the nose. The nature of the discharge was thin, watery mucus. There was a good deal of itching in the nose and constant rubbing would give him a temporary relief. The nose was sometimes stopped. Sneezing was constant at night in bed and when undressing. He often complained of his nostril swollen and indurated.

"Several homeopathic remedies were tried by an amateur homeopathic practitioner to no permanent effect. Allopathic and Kabiraji medicines were of no avail.

"I gave him *natrum mur.* 30th, one dose twice a week. His troubles were at an end after taking the medicine for two weeks. I stopped *natrum mur.* for the season. The next year in the beginning of rains he came and asked me for the medicine, as it is about the time he is to take cold.

"I gave him a few powders of S. L. to be taken as before. He was free from catarrh this season and the whole of the winter.

"It is a matter of rejoicing that my patient regained the sense of smell to its fullest extent."

Sulphur in Eruptions.—Dr. Oscar Hansen.³⁴—A. P., lady teacher, twenty-one years old, Als per Hadsund.

The disease has now, at the beginning of the treatment, the 4th of May, 1890, lasted one year, and has been treated by a doctor without any improvement. Eruptions appear spread on the chest, back, and neck, consisting of papulæ (protuberances), in many places spotted with blood from scratching. When the eruption disappears it leaves brown spots. The eruption is attended with great itching, while it peels but little, and that only in very fine scales. The itching is worst in the evening when she has gone to bed, and the scratching of the eruption alleviates it. Menses very scanty. The stool hard and tough, frequently covered with slime and a little dark-colored blood. Palpitations of the heart and languor. The patient has formerly had chlorosis and the mucous membranes are somewhat pale. By using sulphur 2 dil., 5 drops three times daily, together with an ointment consisting of sulphur sublimé, grams 5, and *axungia porci lota* (refined lard), grams 50, for external use, to be applied every evening, she had perfectly recovered the 10th of June some year.

Baccilinum IN "NASO-PHARYNGEAL CATARRH."—Dr. D. H. Bonham.⁴—December 19. Mrs. Brand, age thirty-seven. Pulse 85. Temperature 100°. Respiration 24. Tongue coated yellow on the base. I gave her bac. There was profuse flow of crusts from throat in four or five days that had been coughed up with great difficulty for fifteen years. "Just thought I would spit my throat out." Gave another dose the 27th. Continued medicine until first of February, then patient returned and related that she was well, but as she was in town stopped to see if she must still continue the little pills (which were saturated with the 30^x). I told the patient she could stop the use; if it returned to come in as soon as she perceived that it was manifesting itself again. Now this had been treated by our allopathic friends for fifteen years almost continually. Their diagnosis was naso-pharyngeal catarrh. Suffice it to say she was radically cured by bac. 30^x.

Sarsaparilla FOR GONORRHEAL RHEUMATISM.²²—This medicine has been praised in the past (given in highish potency) for gonorrheal rheumatism, but has been lost sight of recently. Dr. Nimier speaks of a case in which the 12th dilution was promptly effective.

Senecio.²³—A chlorotic girl, aged eighteen, had seen no menses for fifteen months. She has a dry teasing cough, the pulse is quick, every excitement makes it beat 100 and more in the minute. At the same time headache, sleeps badly, constipation; the abdomen during the last year has gradually increased in size. After a six months' treatment without benefit, a colleague in consultation recommended tapping. The abdomen was now so distended that it resembled that of a woman at the end of pregnancy. Senecio was given in the 1st dec. dilution. Improvement now set in in all directions. There was a great flow of urine, and the menses reappeared, and she got quite well.

A girl, aged twenty-one, had been treated by two allopathic physicians without benefit. She was pale and anæmic; the abdomen was as large as at the end of pregnancy; she lost daily flesh and strength and could hardly sit up; urine scanty, at last quite suppressed. Senecio 1x soon cured her.

Senega.—This drug has hardly been recog-

nized as a remedy for pleurisy; but in a report from the Hôpital St. Jacques, Dr. Nimier relates two cases in which it promptly dispelled the effusion when cantharis and hepar had proved ineffectual. He gave the 12th dil.

Periploca IN CARDIAC AFFECTIONS.²²—A new "cardiac tonic" seems to have been found in the periploca græca, one of the asclepiades met with on the shores of the Mediterranean and the Euxine. Besides its action on the circulation, it has a powerful one on the respiratory center, accelerating respiration in a ratio altogether disproportionate to the pulse. Its glucoside, periplocin, appears to have all the virtues of the extract of the whole plant.

Hydrastis FOR ADHERENT PLACENTA.—Dr. Weiss.²⁴—A woman, aged thirty-one, had had six children, all except the first confinement being attended with adherent placenta. For the last three confinements, she got from the fourth month three drops, daily, of hydrastis 3x, and there was no adhesion of the placenta. Four other cases of habitual adherent placenta were successfully treated in the same way.

Jaborandi.²⁵—In January, 1895, I treated the schoolmaster E., of Bockingen, for severe articular rheumatism. The affection was attended by profuse malodorous sweats and nocturnal aggravations, for which I gave mercurius sol. 12th. The rheumatism soon went off, but the profuse sweats continued and became so excessive that he had to change his nightshirt three or four times during the night. I now prescribed sambucus and other medicines and frequent washing of the skin, but all without avail. This state of things continued for weeks. I now gave jaborandi 4th trit. This medicine acted quickly and beneficially. After the first few doses the sweats ceased entirely, and the patient made a rapid recovery.

Chelidonium.—Dr. Amberg.²⁶—M. D., seamstress, aged thirty, consulted me on October 18, 1891. She was very thin, her skin dirty yellow, weak, faint, and low-spirited. She said that for five weeks she had suffered from spasms in the stomach, with vomiting of almost all her food, violent pains in the hepatic region, palpitation that often drove her out of bed and compelled her to walk about at night. No appetite, tongue covered with gray coating, obstinate constipation.

Examination showed nothing abnormal in the heart, and no enlargement of liver; all other organs and functions normal. Her complexion led me to diagnose a liver affection, with probably gall-stone colic. I prescribed *chelidonium* 6 every three hours, with enemata if the constipation occurred. October 25, she reported amelioration of all the symptoms, she had a fresh and healthy complexion, and her spirits had returned. The same medicine was continued three times a day, and this soon cured her completely.

Mrs. Ant. Risse, aged twenty-eight, was delivered of her fourth child at Christmas, 1889, but soon afterward there occurred every few days attacks of the most violent pains in gastric and hepatic regions, lasting several hours, with vomiting, and several times followed by slight transient jaundice, whereby the patient was much reduced in strength. The physician in attendance attributed the attacks to gall-stones, but morphia and other narcotics failed to give relief. On May 24, when I was first consulted, I prescribed *chelidonium* 6x every three hours, and appropriate diet. I directed that after the next attack the *fæces* should be carefully examined for gall-stones. When next seen (August 3) I was told that no more attacks had occurred, and after this she remained permanently cured.

Syphilinum IN CANCEROUS ULCERATION.—Dr. H. C. Morrow.⁶—In May, 1894, Dr. B., age seventy years, consulted me. Has had for seven or eight years a number of sores on his face, which have been pronounced by several allopathic dermatologists to be cancerous in their nature. They came first as raw places on the face, and then covered with perfectly black scabs, which either do not come off or, if they do, leave raw sore places, which will not heal, but become again covered with the black scabs. Under each eye, and especially at the outer canthus of the right eye, the spots or sores look decidedly like epithelioma. The one under the corner of the right eye is threatening to involve the lower lid and the internal structure of the eye. On this eye, a few years since, there was an ulcer on the cornea, which nearly destroyed the sight. He can only distinguish daylight from darkness.

The conjunctiva of this eye is very red and inflamed, and there is ectropion of the lower lid. He is in bad health, and drinks a good deal of whisky. He had been treated by himself and all the "eminent" dermatologists and general practitioners in this part of the country and in New Orleans, and they had given the comforting assurance "that he might live several years, but that it would finally kill him." I put him on *syphilinum* cm. (Swan). To make a long story short, he has gradually improved with occasional relapses, until to-day he appears to be entirely well. He says for the first time in ten years there are no sores or scabs on his face. Where the worst ones were there are now cicatrices, but they look perfectly healthy and are gradually becoming smaller. The inflammation is entirely gone from his right eye, the ectropion is nearly removed, and he can see small objects six feet distant with his lame eye.

Stramonium IN MIND SYMPTOMS.—Extraordinary mental excitement; sudden and kaleidoscopic changes in the mental state; at times merry and enjoying himself by singing and dancing; at times proud, haughty, and intolerant of those around him; at times full of rage, trying to strike with great vigor those within his reach; and, again, dullness of the senses with stupid indifference to everything about him. Hope and fear, jollity and rage, frenzy and apathy follow each other in rapid succession, under *stramonium*; the passions and the mental manifestations become strangely jumbled and mixed in their exhibition, under the influence of this stimulating drug. The *stramonium* patient desires light and company, and, at the same time, is often terrified by bright objects, and seeks to fight those whom he constantly wishes to have in his presence. The *stramonium* patient has hallucinations of sight in which horrible images are conjured up, and horrible animals are seen jumping out of the ground and running at the victim.

Aurum.—Dr. Amberg.²⁴—An interesting lecture on this drug by Dr. Heber Smith is given in the Medical Era for September. He is doubtful if any advantage is to be gained by going above the 3x trit.; and accounts the alcoholic dilutions quite inert. He thinks the melancholia curable by *aurum* to be one not primarily cere

bral, but consecutive on syphilis or some chronic affection of the sexual organs. He finds the drug of much value in neurasthenia having insomnia as a prominent feature. Its neuralgia is nocturnal, and is relieved by rapid and constant walking to and fro.

The wife of an artisan, aged twenty-nine, had been married five years, but had never been pregnant. She came to me April 27, 1890. The menses appeared regularly, were very profuse, and the day before they came on, and the next day, she had violent pains in abdomen and back. Examination showed the uterus anteflexed, the portio vaginalis enlarged, the orificium uteri broad. I prescribed aurum muriat. natr. 3x trit., three times a day. June 13.—The menses had occurred very profusely. In addition to the above medicine she got hamamelis 3x, a drop three times a day, but during the menstrual flux every two hours until the cessation of the menses. August 20.—After the above prescription had been followed for seven weeks the menses ceased, and for the last three weeks she had nausea, vomiting, and some abdominal pains and slight constipation, owing to pregnancy having occurred. Nux vom. 6x removed these symptoms, and the pregnancy went on to its normal termination.

Lachesis.²⁴—A woman, aged twenty-eight, mother of two children (youngest one year), has suffered for three years from very severe pain in the middle of the back, which she thought was rheumatic, though she had never suffered from rheumatism. The pain is augmented by movement and by walking; she cannot lie on her back, as that increases the pain. For a year past she has been subject to severe bilious headaches in the form of weight or pressure on the crown, accompanied by dimness of vision. These headaches alternate with the backache. She wakes in the morning with the pain. She feels as though the clothes about her neck were too tight, consequently has left off wearing the brooch that fastened her dress. One dose of lachesis in a high dilution removed all these symptoms in a week, and she regained her youthful vigor.

Erodium Cicutarium, A NEW HEMOSTATIC AND UTERINE TONIC.—Komorovitch²⁵ asserts that erodium cicutarium (hemlock stork's bill)

exercises a powerful hemostatic action in metrorrhagia. He tried it in twenty-three cases—in twenty, the flooding was caused by metritis; in one by myoma; in one by cervical polypus; in one by abortion. A tablespoonful of the decoction (four drams of herb to six ounces of water) was given every two hours, and in all the symptoms quickly subsided, even in those who had been treated previously by ergot and hydrastis without success. No accessory phenomena were observed, although in some cases the administration continued for several weeks. The erodium seems to exercise a direct tonic influence on the uterine muscular tissue, the organ growing distinctly firmer during the administration. In the case of cervical polypus the latter was found lying free in the vagina after two days' use of the decoction.

Sanguinaria IN OVARIAN NEURALGIA.—As an instance of drug selection, according to sequence of symptoms, Ord²⁶ relates the case of a young woman, æt. twenty-two, who for twelve months had suffered from pain in the right side. She had been attending a hospital for four months, was an in-patient for two weeks, and was blistered on side and back, without benefit. Patient a florid, bright woman, unmarried. The right ovary was very tender to external pressure. She described the pain as constant aching, very distressing, and incapacitating her from active work. It was much worse at the periods and after exertion. There was also a pain over the right hip, worse in wet weather; no tenderness or swelling. The periods recurred every two weeks, very profuse and bright, with such severe pain that she had to lie up every time. Bowels constipated. For six weeks she was given in turn belladonna, nux vomica, and hepar. Of these, the last relieved the hip pain, but she was no better otherwise.

Clinical History of the Case.—She enjoyed good health, and respiration was normal, until fourteen months ago, when she suffered from indigestion and constipation, followed by flushing and redness of face, with constant headaches. The pain in the side then appeared and the periods became too frequent and profuse. This sequence indicated sanguinaria, which, agreeing well with the symptoms, was ordered in the 1st dec. dil. gtt. v. t. d. e.

In a fortnight she reported great improvement; pain almost gone. The period had just passed, less profuse, with very little pain, and she had not to lie up for it. In another fortnight, sanguinaria being continued, she returned considering herself cured, and feeling better than for many months. Patient was advised to continue the remedy after the next period, and has not returned.

Staphisgaria IN NIGHT SWEATS.—Bibby³⁸ says: I have used it for six years in night sweats and it never disappointed me. I have given it to patients bordering on consumption. Put two or three drops of the tincture in two ounces of water, and give a teaspoonful every two hours. If it makes the case worse, you may know you have the right remedy, but your dose is too large. Dilute it more, or lengthen the interval between the doses. I say two ounces because I think that will be all that will be needed.

Pilocarpine AND MENIERE'S DISEASE.³⁹—A man aged twenty-nine, afflicted with otorrhea and symptoms of tuberculosis, suddenly started to vomit, then became deaf with vertical vertigo, but did not lose consciousness. The vertigo persisted for several days, and the murmur in the ears became very intense; there was ankylosis of the ossicles. He was ordered one-fifteenth of a grain of pilocarpine hypodermatically the first day, reduced to one-sixtieth the second day. After ten days the vertigo disappeared, but returned, when treatment was recommenced and continued for thirty days, when all disagreeable symptoms had permanently disappeared.

Atropinum Sulph IN CHRONIC GASTRIC ULCER.—Dr. Thom.⁹—Mrs. B., of this place, aged thirty-three, of a weakly constitution, consulted me on last ascension day (May 27). Leaning on her husband's arm, her face drawn up with pain at every step, she entered my consulting room. According to the opinion of other physicians, she has been suffering for about seventeen years of chronic ulceration of the stomach or its consequences, which are more or less violent at various times. For several weeks past the patient has been again constantly tormented with pains in the stomach, which are aggravated at every meal and at every step, and which at times increase into violent paroxysms. The

region of the stomach appears to be and is actually distended. She cannot bear the pressure of her clothes. Occasionally she is tormented with mucous retchings. The appetite is almost entirely lacking. The stools are hard, delayed, and occasionally bloody. Her general health is very much changed by sleeplessness, lack of appetite, pains, and the constant anxiety about her life and health.

The patient was requested to remain in bed, and a corresponding diet was prescribed. Besides this I gave her twelve powders of atropinum sulph. 5 d. trit., three powders to be taken every day. The effect was truly astounding. The patient, who had for years been taking medicines almost in vain, appeared again on the fourth day and declared that she felt like a new creature. All the symptoms had improved, the pain and the tormenting retching had gone already in the second night, the sensation of distention and the sensitiveness of the stomach-region to the touch was much less and "hardly troubles her at all now." The patient desired to continue the treatment, so as to make sure of the cure, and therefore asked for additional medicine. I have made inquiries, and find she is still well. Atropinum sulph., therefore, seems to have here effected a real cure, though, according to Hirschel's view, "It rather serves to prepare the way for the cure by other remedies, as it dulls the excessive irritation and the high degree of sensitiveness (of the nerves of the stomach)" in suitable cases.

Stellaria Media FOR RHEUMATISM.—Frederick Kopp³⁴ made in 1893 a proving of the drug several times repeated. He says that "the excruciating rheumatic-like pains developed at the time are still vividly remembered by me; in fact, they were so severe and intense as not to be easily forgotten when once experienced. There is no mistaking the rheumatic symptoms of the drug. They come on very rapidly, and the sharp, darting pains so peculiar to rheumatism are experienced, not only in almost every part of the body, but the symptoms of soreness of the parts to the touch, stiffness of the joints, and aggravation of the pains by motion are also present. These pains may be described as follows:

"Rheumatic-like pains over the right side of

the head ; especially toward the back, with parts sore to the touch ; rheumatic-like pains darting through the whole head, worse on right side ; rheumatic-like pains in left half of forehead, over the eye, with the parts sore to the touch ; rheumatic-like pains in the left foot ; rheumatic-like pains in the ankles ; sharp, darting, rheumatic-like pains in the left knee, gradually extending above along the thigh ; rheumatic-like pains below the right knee-cap ; rheumatic-like darting pains through various parts of the body, especially down the right arm, and the middle and index fingers of the left hand, stiffness of the joints in general ; rheumatic-like pains in the calves of the legs, which are sensitive to the touch ; rheumatic-like pains in the right hip ; pains across the small of the back, aggravated by bending or stooping ; stiffness in lumbar region with soreness ; darting rheumatic-like pains through the right thigh, rheumatic-like pains in the right groin.

"It will be seen by the above symptoms that almost every part of the body, in which it is possible for rheumatic pains to occur, is affected ; the rheumatic-like pains darting from one part to another being characteristic."

He reports it as being curative in all climates, and especially where there are shifting pains. He recommends that it be administered in the 2x dilution, and externally by adding 30 to 40 minims of the mother tincture to the tumblerful of water and moistening cloths for application.

Mydrol—A MYDRIATIC.—The name "mydrol" has been given by Barbiano³⁷ to iodo-methylphenylpyrazolone, a white, odorless, bitter powder, easily soluble in cold water or in alcohol, and insoluble in ether. Mydrol retards the pulse and causes mydriasis. According to Cattaneo, the latter phenomenon is slowly produced, but is very persistent, and the mydriasis produced by a five to ten per cent. solution, though not so complete as that caused by atropine, is yet sufficiently so for the purposes of observation. It is also claimed that mydrol is non-poisonous, and causes no disagreeable by-effects.

Care should be taken not to confound mydrol with mydrine, the latter being a combination of the alkaloids ephedrine and homatropine.

Silver AS AN ANTISEPTIC.—Credé³⁸ of Dresden says that the numerous observations regard-

ing the antiseptic power of the metals has led him to experiment with them. Arranged in the order of their potency, they are : thallium, silver, cadmium, and copper. He found the bactericidal properties to be due to the formation of a lactate of the metal. As thallium salts are too poisonous, he experimented with the lactate of silver, which he found to be a powerful microbicide, but on account of its free solubility it is very toxic. The carbonate of silver, being soluble in the proportion of 1 part to 3800 of water, was used. According to Behring and Koch, silver salts are about five times as powerful as the mercurial ; therefore small quantities are efficient and non-toxic. Gauze bands covered with a thin coating of metallic silver, and gauze impregnated with silver powder, retained their antiseptic power after having been in contact with a wound for a week.

The practical results have been very favorable. For seven months Créde has used silver carbonate in the treatment of wounds, without once causing irritation or pain.

Moringa Pterygosperma IN JAUNDICE.—Dr. Dhargalkar³⁹ suggests this drug as worthy of investigation. He states that the root, the gum, the leaves, the flowers, and the fruit of the Indian horse-radish or drum-stick tree are all useful in medicine. The root has a strong, pungent odor, and when distilled with water yields a pungent essential oil. The bark is rubefacient and domestically used as a counter-irritant in chronic rheumatism. He accidentally found that, if administered in proper doses, it was useful in jaundice, and so made several experiments with it, obtaining most satisfactory results in eight cases. He had no opportunity to observe toxic effects and it did not produce any unfavorable symptoms. In order to try its effects on the healthy system, he took on an empty stomach a dram of the tincture in an ounce of water ; it tasted something like an infusion of bitter almonds and produced a sensation of warmth at the pit of the stomach for two or three minutes, but did not produce any other effect.

Calcic Iodide IN MAMMARY TUMORS.—One of four similar cases reported by Dr. S. Nichols⁴⁰ is that of Mrs. J. H. B., forty-nine years of age. No record of hereditary taint, complexion sal-

low and earthy, eyes blue, and noticed a bunch in the breast for some months, attention having been first called to it by her dressmaker; but lately, on account of severe pain after using her arm, and on account of great tenderness of the whole breast. Examination showed a bunch in the upper segment of the right breast, with apparent retraction of nipple, skin unchanged, tumor freely movable, rounded and irregular in shape, but not nodular, about the size of a small lemon, as it seemed through the thick adipose tissue; the axillary glands were not affected, and general health was good, although the face was sallow and earthy in color. Pain was shooting and aching, and the bunch was quite tender when touched, but showed no evidence of fluctuation, and the nipple seemed to be depressed rather than retracted. She stated that she had been told by several physicians that the bunch was cancerous, and, while very anxious, she had refused to have an operation.

She was told to keep that arm quiet, not being allowed to sew or raise the hand to her head, and was given calcic iodide 3x, two grains four times a day. This was continued for several months and then given only night and morning for two years, during which time the tumor diminished slowly but steadily, until it finally disappeared. During the course of this treatment two smaller tumors appeared in the other breast, but vanished in a few weeks without change of remedy.

Chloride of Ammonium IN DELIRIUM TREMENS.—Some time ago, says Dr. W. Bourne Gossett, in N. Y. Med. Jour., I was called to see Mrs. —, a lewd woman. She had been on a drunk for eight days, and just before I saw her had had the usual reptile hallucinations. I found her very restless, moving incessantly, and by force she was made to stay in bed. At once I sent to a neighboring drug store for a dram of chloride of ammonium, but before getting it she was beginning to get more excited and seeing "snakes." As soon as I got the ammonium I at once gave her half a dram in a large quantity of water—four ounces—and had her drink it in one or two gulps. In fifteen minutes she was quieter, and in fifteen minutes more I gave her the other half dram. In a short time she was asleep and slept for six hours. She

awoke feeling much better and had no more trouble. I should not hesitate to give a dram and repeat the dose in half an hour if the patient was not better.

Iodoform IN TUBERCULAR MENINGITIS.—Dr. W. J. Martin⁶ narrates the case of a babe fourteen months old brought to him August 31, present year, had been sick one week under care of an allopath who changed his prescription every day. The symptoms he noted at this first visit were fever, no sleep, hot head; \mathcal{R} bella-donna.

September 2.—The father reports the child sleeping all the time, he therefore thought it better; \mathcal{R} sac. lac.

September 4.—The report is brought that the child still sleeps much, but moves the mouth constantly as though chewing or sucking, bores the head back, and rolls it from side to side. The child has been sick now about twelve days. My suspicions were aroused as to the likelihood of it having tubercular meningitis, but the symptoms being so marked for hellebore, I sent it with the request that they report in the evening. In the evening I saw the child late, in response to a call sent early, which I did not receive on account of being called out of the city, and found it in most violent convulsions, facial features distorted, eyes squinting, head retracted, neck and back stiff, automatic motion of one arm and leg and all that kind of thing. There was present a sign which some have claimed to be pathognomonic, that was when I drew my finger nail across the child's forehead a red line appeared and remained a few moments.

I prepared iodoform 2x four grains in a goblet half full of water, with instructions to give a teaspoonful every hour. We all expected the child to die before morning, but it did not; on the contrary, when I made my visit the next morning I found that the spasms had almost ceased, the febrile condition was much moderated, and the child could again nurse. The iodoform was continued, the child improved steadily and rapidly, so that in one week from the time of commencing iodoform the child was discharged cured.

Cantharis Cerate.—A SOVEREIGN REMEDY FOR BURNS.²—Some eight days ago, while following a branch of my vocation, I was boiling

in a large kettle, of three gallons capacity, a mixture of fat and fluids that contained alcohol, and accidentally the evaporating fumes caught fire and communicated to my compound, upon which I immediately seized the kettle by its handle and removed it from the fire, and both hands and wrists were severely burned by the flames from the kettle. The pain was excruciating, and my thoughts immediately ran over remedies for relief, when they lighted upon cantharis cerate, long recommended for burns by homeopaths, according to the law of similia similibus curantur, as cantharis in full strength will cause smarting and blistering of the skin similar to a burn. I smeared the cantharis cerate liberally all over the burned parts, and while, for a few seconds, the pain seemed to be increased it was followed by a cooling sensation so rapidly that I looked with surprise at my hands and could not realize that they had been so severely burned as they were. While the cerate was on the feeling was normal, and because of such comfortable feeling I was tempted to remove the cerate some two hours after, when the pain immediately returned, so I again smeared on the cantharis cerate and was as quickly relieved as before. The next day I was able to remove all the cerate and felt no inconvenience, except a slight stiffness of the finger joints, but pain was entirely gone. Now the old skin is peeling off the most severely burned parts, the same being covered with new cuticle. In all my forty years' experience I never used anything that acted so magical for burns, and I have had occasion to try nearly everything that has ever been recommended.

Cocaine Poisoning.—Dr. Weinrich³ discusses cocaine poisoning originating from the urinary passages. The symptoms are very variable, but they are mostly referable to the nervous systems. Cocaine must, therefore, be used with caution in neurotic individuals. The symptoms may consist of stupor, vertigo, headache and these may end in collapse with severe precordial anxiety. Clonic and tonic spasms are noted, which may produce sleeplessness and restlessness in some people and unconsciousness in others. Mental excitement and a mild degree of mental aberration may be observed. Paralysis, tremor, slight loss of co-ordination

may also be noted among the motor symptoms. If respiratory difficulty, cyanosis, loss of consciousness supervene, the prognosis becomes very serious. The unfavorable action of cocaine on the heart rarely becomes threatening, the respiratory symptoms being the most significant. A feeling of suffocation with irregular stertorous breathing may arise, and eventually Cheyne-Stokes breathing. Death may result from respiratory paralysis. Idiosyncrasy to cocaine is sometimes very marked, so that the size of the dose may be almost without perceptible influence on the intoxication symptoms produced. The horizontal position should be adopted when the cystoscope is used under cocaine anæsthesia. Chloroform may be given when spasms arise, but the chief remedy against cocaine poisoning is artificial respiration.

Blatta Americana AS A DIURETIC.—Dr. Joseph Adolphus,² in a discussion of a few valuable diuretics, gives high praise to the infusion or tincture of cockroach. He claims that it will excite the kidneys to work when all else fails. It is the best-adapted remedy when the urine is suppressed through some peculiar influence on the nervous system. It is his opinion that it exercises some decided influence on some part of the nervous system, through which its remarkable diuretic influence is made manifest. He refers to its popular use in Russia for suppressed urine, and to the use of the same drug in India for asthma, citing a case of the latter disease greatly alleviated by tincture of the *Blatta Orientalis*.

Argentum Nitricum IN EPILEPSIES.—Dr. Gray⁴ mentions the following moral conditions which would confirm the selection of argent. nit. in the presence of other general indications:

1. A crowd of impulses to act, to move, to be busy, which, without any distinct purpose to effect, keeps the patient in continual motion, a state of unrest which gives the appearance of hurry and discontent to all his conduct.
2. The opposite to the foregoing condition; not the calmness of deportment which occurs when the mind is in a healthful contemplation, but an apathy indicative of a privation of motive or purpose, a state verging upon, and often ending in, perfect imbecility, or
3. Errors and defects of perception. The

erroneous perceptions in which I have seen argent nitr. useful, have been : (1) As to time, the patient constantly fearing he should be too late, and supposing that one or two hours had elapsed, when not more than a quarter or an eighth of the supposed time had passed, and this all the while, night and day, for many weeks together : and (2) Errors as to the velocity of gait, the patient supposing that he was walking very rapidly when he was in fact moving but very slowly indeed.

Moreover, I should regard the nitrate as the remedy, other indications existing for its use, in all severe commotions of the system arising from too great acuteness of the perceptive organs ; e. g., certain forms of epilepsia and chorea.

Mezereum ON THE SKIN.—Dr. Hoynes¹⁷ thus details the symptoms produced by rubbing the cheeks with fresh leaves of mezereum.

"The symptoms appeared in this order : violent burning, itching in the skin, necessitating scratching ; pricking as from lice crawling on the scalp, above the eyebrows, in the outer ear, on the left ear lobe, often over the entire body ; there appeared to be no difference as to the times of the day ; slight itching is relieved by scratching ; when the exudation is deeping seated the itching only disappears when scratching is kept up till the blood comes ; warmth increases the itching and the evening favors it ; it comes in spots, especially where the adipose deposit is scanty ; the eruptions scale off—that is, those that merely affect the epidermis ; where the exudation lies deeper real pustules form, with an oily, sticky secretion, from which scabs are developed ; there are, too, under mezereum, papular, squamous, bulbous, and pustular eruptions ; the scaling off occurs in lamellæ ; scrofulous exantheas are not within the range of its action ; the feeling of coldness over the entire body or on single places without a change of temperature is characteristic ; with this there is no desire for warmth nor any aversion to cool air ; the sensation of coldness is accompanied by thirst, which finds its explanation in the fact of the lessened quantity of fluids in the body, owing to the serous discharge.

"This remedy is particularly useful in the pruritus senilis of lean persons ; the hairs of the

scalp bristle, being elevated by the *erectores pili*."

Indications for its use were then summed up :

Remember that mezereum is always indicated in skin diseases characterized by unbearable itching, increased when scratched or when undressing ; thick crusty masses covering the scalp and face ; dirty, chalky look of portions of the scalp ; pus forms freely under the crusts ; pus often ichorous in character ; child scratches until the parts bleed. These symptoms may be accompanied by an offensive diarrhea. Itching occurring in the evening in bed and changed to burning by touch or scratching. Sensitiveness to touch ; constant chilliness.

Also in ulcers with an areola, sensitive and easily bleeding, painful at night—the pus tends to form an abundant scab, under which a quantity of pus collects. (Merc., asaf.)

COMPLETE BLINDNESS CAUSED BY A VERMIFUGE (MALE FERN).—Massius³⁷ reports two cases of amaurosis caused by the ethereal extract of male fern. Grosz has reported another, as follows : A cabinet-maker, twenty-nine years old, had complained of pains in the stomach for several months. He was treated for these, but without success. Finally, he went to a drug store and asked for something for tape-worm. The druggist gave him some capsules, each containing 25 centigrams of male fern and an equal amount of pomegranate rind. The patient took 32 of these capsules and some castor oil. In the evening he began to feel ill ; the next day he had diarrhea and became unconscious, while by the following day he was completely blind. He then consulted a physician, who found complete mydriasis and amaurosis, with a normal fundus. Eight days afterward an atrophy of the optic nerve was present.

The toxic action was due to the extract of male fern, which causes mydriasis, amblyopia, amaurosis, and, sometimes, blindness. The toxic dose varies from 4 to 45 grams, depending upon the freshness of the preparation, the rate of absorption in the intestines, and also on the presence of castor oil. Experiments upon animals have shown that castor oil favors the absorption of male fern. In one case, given without the oil, it was quite harmless ; when the oil was added, half the previous dose caused the

animal's death. The author urges that the sale of vermifuge medicines should be forbidden without a physician's prescription.

Apioline IN DYSMENORRHEA.—Dr. Leon Garner³⁶ reports the following two cases of the use of apioline, the active principle of parsley, of which the homeopathic preparation is petroselinum. They suggest the desirability of enlarging our provings of this valuable drug, for they as yet contain no symptoms in the sexual sphere.

CASE I.—Miss L., age nineteen, came with a history of irregular menstruation; for past three years it had occurred at periods of from three to six weeks, the flow is scanty and is accompanied by intense abdominal pain in the region of the ovaries and tubes; the pain being so severe as to cause attacks of syncope, followed by headache.

The case appeared to be one of acute amenorrhea, and apioline was exhibited, in doses of one capsule morning and evening, for two weeks, when menstruation occurred. To her surprise and gratification the discharge was profuse, accompanied with but slight pain, no syncope or subsequent headache. The last two periods have been normal.

CASE II.—Mrs. J. F. B., aged thirty-eight; menstruation regular every twenty-nine days, accompanied with such severe pain that she had to remain in bed for two or three days each time. Apioline administered in one capsule after each meal. At the first period the pain was less severe, in bed only one day. At a second and subsequent period, menstruation was almost painless. Here we see a well-marked case extending over a period of fifteen years, making a complete recovery from the use of apioline.

Resorcin A SEDATIVE.—Dr. W. Hartman, a ship physician on a Hamburg steamship, claims in *The Big Four* that resorcin is a very reliable anti-emetic.

In seasickness, he prescribed resorcin ix , a 5-grain tablet every hour, twenty-four hours before going on board, and continued the first day out on the ocean, with most invariable happy results.

In vomiting following continued straining in whooping-cough, again the ix , but a 1-grain tablet every fifteen or twenty minutes till 5 or 6 are taken, and in this malady also never failing to quiet the stomach.

He uses the same drug in cholera, pregnancy, and peritonitis for vomiting. Pushed to larger doses it becomes hypnotic, while its antiseptic properties are well known.

Ergot TO ANTICIPATE POST-PARTUM HEMORRHAGE.—Dr. Lombe Atthill³⁷ discusses the use of ergot in combination with strychnine during the last weeks of gestation, by women having a tendency to post-partum hemorrhage, and cites cases in its support. He arrives at the following conclusions:

1. That when administered previous to the termination of pregnancy in the case of women in whom a tendency to post-partum hemorrhage is known to exist, it tends in a marked manner to prevent the occurrence of hemorrhage.

2. That when so administered in ordinary doses, it does not produce any injurious effect on either mother or child, and that its exhibition seems to delay the commencement of labor in such case.

3. It tends to make the involution of the uterus more perfect, and lessens the chance of the occurrence of subsequent uterine troubles, many of which depend for their cause on imperfect involution of that organ.

4. It will not bring on premature labor or induce abortion unless uterine action has previously been set going.

5. In cases of threatened abortion its administration frequently seems to act as a uterine tonic, and in some cases tends to avert the danger of a miscarriage, provided the ovum be not blighted.

6. That if the ovum be blighted, and specially if it be detached, ergot usually hastens its expulsion.

Sparteine Sulphate IN CHLOROFORM ANÆSTHESIA.—G. G. Cottam³⁸ says that fatal cardiac syncope occasionally occurs during the initial stages of anæsthesia; and in prolonged operations, or in operations upon debilitated subjects, marked depression, shown by diminution of pulse-volume and increased rapidity of the beat, is of comparatively frequent occurrence.

To find an agent capable of preventing this depressing influence of chloroform, has long been a desideratum. Digitalis, alcohol, and strychnine have been used with varying success,

but not sufficient to justify habitual use for the purpose specified.

About a year ago the writer began using sparteine sulphate. Encouraged by the very positive results yielded thereby, he has employed it in a number of surgical cases, the beneficial effect of the drug being clearly shown in almost every instance. He claims when sparteine sulphate is administered hypodermically before the commencement of anæsthesia, in the dose of one-tenth of a grain, repeated according to the nature of the operation and the condition of the patient, we have a safe, efficient, and prompt heart-stimulant in chloroform narcosis. It is not necessary either to combine it with morphine nor to employ a large dose; and, other things being equal, there is less shock and quicker reaction with its use.

Chaulmoogra Oil.²⁹—This oil has long been known to India and China, and there valued as a remedy for skin and other diseases resulting from impure blood, including secondary syphilis; and, compared with the mercurial products, it has the advantage of not being injurious. On the Isle of Mauritius it is considered the only reliable remedy for leprosy. Its healing properties are specially noteworthy in consumption—where the patient has not been too much reduced the oil frequently effects complete cure, and moreover may be used both internally and externally. It is also used for boils, wounds, and external eruptions. It may be given in doses of from three to four drops three times daily after meals, preferably in capsule; and the dose may be increased gradually as demanded. Phthisical cases can take it in conjunction with their cod-liver oil, or a little warm milk. It has proved very valuable in acute and chronic rheumatism, cancer, scrofula, psoriasis, syphilis, bronchitis, sprains, stiff limbs, leprosy, etc. During its administration, however, smoking and indulgence in all pungent and sweet things should be avoided.

Calcium Chloride FOR HEMOPHILIA.—Dr. J. Clifford Perry,³⁰ in citing a case relieved promptly by this drug after all the usual treatment had failed, discussed the investigation by Dr. E. A. Wright of its value. Dr. Wright based his investigations on the physiologic fact that a certain per cent. of calcium salts is neces-

sary for the coagulation of the blood. By the administration of chloride of calcium in 1-gram doses 3 times a day, the time required for coagulation was reduced from its original 9 or 10 minutes to $5\frac{1}{4}$ minutes. The normal time is $2\frac{1}{2}$ to 5 minutes. If used in large doses for a long time, this agent is not effectual in keeping up a permanent increased coagulability.

He reports the following interesting case of hemophilia; a child four years of age received a fall, and in doing so injured the frenum of the upper lip. The bleeding was so profuse that the child's life was endangered, and as the blood showed no signs of coagulating, a dose of calcium chloride was administered, and in three hours the blood commenced to clot. A firm coagulum formed and the hemorrhage was arrested. As the bleeding recurred several times, the action of the calcium salt was supplemented by the inhalation of carbonic acid with a beneficial result.

From this and his own case Dr. Perry urges the use of the physiologic styptic, chloride of calcium, in bleeding of a true "bleeder."

Hydrocyanic Acid AN ANTIDOTE TO CHLOROFORM.³¹—Mr. Frederick Hobday of London, having observed that the respiratory center was usually paralyzed first when death occurred during chloroform anæsthesia, thought that hydrocyanic acid might prove of service as an antidote where the breathing was becoming shallow and weak, on account of the rapid and powerful temporary exciting effect this drug exerts on the respiratory center. He administered hydrocyanic acid successfully in thirty-one cases of chloroform poisoning in animals, mostly dogs, though some were cats, and the list includes also one calf, one sheep, and one horse; the cases were those in which during anæsthesia the breathing either stopped suddenly or became gradually slower. The hydrocyanic acid was administered in some cases hypodermatically, in others was placed on the tongue. The good result was generally manifest in a very short time—half a minute to two or three minutes—the respirations being resumed and becoming strong and regular. In some of the cases, owing to the dose of hydrocyanic acid being rather large, the breathing became labored, when the administration of chloroform was resumed,

so that a balance could be kept up between the toxic effects of the two drugs.

These observations lead fairly to the conclusion that hydrocyanic acid is of value as an antidote to chloroform, its beneficial effects being due to its property (when given in certain doses) of rapidly and violently stimulating and exciting temporarily the respiratory and cardiac centers, and so counteracting the depressant and paralyzing effects. The drug should be placed on the back of the tongue or injected hypodermatically. In all his cases Scheele's acid was used, and he prefers it to the B. P. acid on account of its greater strength and consequent rapidity of action. For animals he considers one minim of Scheele's acid for every seven or eight pounds of body weight to be a fair average amount. It is well not to be too anxious to administer a second dose till perfectly sure the first has been futile.

Oxalic Acid, POISONING BY.—W. Hall White⁷ reports two cases of acute nephritis resulting from oxalic acid poisoning, one of which ended fatally in six days after the ingestion of the poison. The symptoms were scanty urine and albuminuria; the fatal case had almost complete suppression. In neither case was there œdema, high-tension pulse, or hematuria. In both cases the urine contained granular and epithelial casts, together with calcium oxalate crystals. The first specimen of urine passed after taking the poison contained albumin and crystals. In the case which recovered, the crystals disappeared from the urine in twenty-four hours; the albuminuria persisted four days, and the casts were observed for a week in the specimens examined. In the fatal case, the albumin and crystals remained in the urine until the end. The post-mortem examination in this case showed acute tubal nephritis, and a very considerable number of oxalic acid crystals were found in the kidneys.

Iodine Injections, PURPURA FOLLOWING.—Dr. Chavoix⁸ reports a case of purpura which supervened upon the puncture of a hydrocele and an iodine injection. Eight days after the operation (which was preceded by an injection of cocaine) the patient was taken with violent chills, and the body became covered with petechiæ. After that came on epistaxis, hema-

turia, and hiccough. The temperature was all the time rather subnormal.

DRUG ERUPTIONS.—Fordyce³⁷ reports cases of the nodular form, and of the rupia-like eruptions following the ingestion of iodide of potassium; also a case of scarlatiniform erythema following the application of mercurial ointment to the pubic region; and, lastly, an erythematous eruption from the internal use of boric acid in a case of cystitis. In the nodular iodide eruption the lesions became larger than a man's fist, but did not suppurate. In the scarlatiniform eruption, following the application of mercurial ointment to the pubis, the eruption was universal and diffuse and itched slightly; there was no sore throat and no elevation of temperature; within a week there was free desquamation. Fordyce also observed another case similarly produced, in which a diffuse erythema extended as high as the nipple line in front and behind, and as low as the knees, and on the inner aspect of the arms, while scattered patches of multiform erythema existed on the thorax, arms, and legs. The boric acid eruption followed the ingestion of thirty grains given daily for a month; the erythema was a multiform one of the trunk and other extremities, and was associated with conjunctivitis, photophobia, and very marked œdema of the upper lids.

Morphine Sulphate, TOXIC SYMPTOMS OF.—The following symptoms were developed in a man who had accidentally taken an overdose, shortly before he was seen by Dr. W. H. Phillips.⁸ Dull and stupid; mind seems to wander, forgets what he is sent to do. Answers questions very slowly. Disinclination to do anything. Sleepy all the time, goes to sleep while eating; while talking to him vertigo at times; all things seem to turn in a circle, especially to the left. Great dryness of the mouth. Nose obstructed, breathes through it with difficulty. Blows clots of bright red blood from nose.

Pupils sluggish and very much contracted.

Much difficulty in swallowing, at times almost to strangulation. Oppressed anxious breathing. Urinates with difficulty, passed easier while sitting. Urine scanty. Urine dark, with dark sediment. Alternate constipation and diarrhea; when constipated stool hard, black, and in little

balls. Diarrhea thin, black, watery stools ; sometimes involuntary. Sudden desire for stool, must go quick or is passed immediately. Involuntary stool when he tries to pass urine.

Fingers feel cold with blueness under nails.

Limbs from knees down feel like lead, especially upon moving. Twitching of the lower limbs, cramps in the calves of the legs.

Dryness of the skin. Chilly, wants to be covered, even in a warm room.

Argentum nitricum.—Dr. Amberg.^{2a}—Franz St., aged ten, after some acute disease—whether influenza or scarlatina could not be precisely ascertained—became affected by periodical vomiting and diarrhea, especially in the morning, with pains in bowels and fever from 11 A. M. till 3 P. M. He was pale, the urine dark-colored, and examination showed slight enlargement of the liver. On June 30, 1892, I prescribed argent. nitr. 2d every two hours. July 7, the report was : Fever, vomiting, and diarrhea soon ceased ; he had only had one attack of abdominal pain during the week ; appetite variable ; urine still rather dark : still pale and tired. He now got quinine 3d four times a day, which removed these symptoms. After a fresh chill he had a return of the fever and diarrhea, which were speedily removed by aconite 3d. He has remained well now six months.

Heinrich Prieling, aged 2½, was brought on April, 21, 1890. Since Christmas of previous year had been ill, and treated allopathically. For these five months had suffered from severe cough ; for a long time this had been accompanied by severe diarrhea and vomiting, and for the last few weeks by œdema of face and feet. He was much emaciated, the pulse and respiration rapid, and auscultation all over lungs revealed rhonchi. Appetite very poor. Great restlessness at night. The whole condition pointed to catarrh of lungs, stomach, and bowels. Sulphur 30x every three hours was prescribed, together with appropriate diet. April 23.—Vomiting almost gone, rhonchi and œdema better. The urine was free from albumin, but the diarrhea persisted, and the abdomen was distended. Prescription : argent. nitr. 2d trit. every three hours. May 1.—Diarrhea better ; appetite improved ; medicine continued. May

23.—œdema gone, was putting on flesh ; no morbid signs in lungs ; the child was cheerful and enjoyed his food ; motions pappy ; but he had a cough like whooping cough, which was prevalent at the time. Prescription : calc. carb. 6th, three times a day. This cured him.

Opium.—MARASMUS—E. V. ROSS, M. D.,⁶ August 22, was called at 2 A. M. to see a child who was thought to be dying, and, on arriving at the house, found the most marasmic specimen of humanity that has been my fortune to see. A male child æt. ten months. Bottle fed. (Condensed milk diluted.) Sick two weeks, under regular (?) treatment.

Status præsens. Appearance that of a little dried-up old man, emaciated in the extreme. Rolls the head. Eyes half open. Pupils contracted to the size of a pin's head. Eyes turned upward. Lower jaw dropped down. Appears stupid. Stools watery, dark, and offensive.

I did not give a very hopeful prognosis ; to this the father replied : "Well, doctor, I don't believe that a great deal can be done, but do the best you can."

Comparison of the symptoms in Sippe's Repertory showed opium clearly the remedy. It was given in the 200th (Dunham) powder every two hours until better or dead—for it could not be worse. Diet : Egg albumen and water.

August 23, 10 A. M.—Child greatly improved. Gave placebo and ordered fresh milk, one-half pint ; water, one-half pint ; cream, four tablespoonfuls ; Peptogen Milk Powder, one measure.

Three ounces of this preparation were given sterilized every two hours.

To be brief, the child continued to improve ; a few days later it received sulphur 55m to remove a red excoriated condition about the anus. It is well and gaining flesh rapidly to date, September 22.

Dose of Mercury IN SECONDARY SYPHILIS.—The editor of the Charlotte Medical Journal boldly declares that while "it is contrary to the tenets of the regular or allopathic physician to prescribe remedies in homeopathic or lilliputian doses, nevertheless such practice will occasionally meet the necessities, accomplish the same purpose, and give equally as favorable, if not better result." Then, noting the prevalent dosage in secondary syphilis, he remarks : "This

is the usual routine treatment. It is rational and will if persisted in for a sufficient time relieve the symptoms; in fact it is claimed to more rapidly and thoroughly antagonize and eradicate the syphilitic germ; but these larger, full doses of mercury do so at the expense of the blood, while after the patient is left debilitated, anæmic, and exhausted, to say nothing of the risk of iodism, etc. We all meet with frail constitutions, persons whose vitality was already under par, before contracting the disease in question: these patients do not bear heroic dosage well, and we should rather strive to conserve his vital forces while striking at the germ operating in his blood. Some years ago 'Sidney Ringer' announced to the profession that the bichloride of mercury in $\frac{1}{100}$ grain doses *ter die* had the effect of building up the red blood corpuscles and otherwise sustaining the general systemic forces, while at the same time the remedy in these small doses was sufficiently antagonistic to the syphilitic germ to check its ravages and with the same persistence in its administration would destroy the germ."

After stating his practice, on the above lines, the editor sums up his experience by saying, "I can verify Ringer's statement. The $\frac{1}{100}$ of a grain of bichloride does seem to sufficiently antagonize the syphilitic germ, so much so as to check and control it, and seemingly like iron to improve and enrich the blood. You can prescribe it in combination with gentian, and with or without the potash, with safety and reliance; your patient is not restricted as to diet or liberty of action—forbidding only excesses, tobacco and alcohol."

Calomel,²⁸ THE DECADENCE OF.—The disadvantage of a system of prescription based upon pathology is illustrated forcibly in an editorial from which we give excerpts. After noting the extent to which calomel has gone out of use of late, and giving the old style indications for it, the Charlotte editor continues:

So greatly does the pathology of the present day differ from that of the past; so completely are we now dominated by the damaged tissue theory of inflammation, and by the new views as to the role of microbes in most inflammatory diseases; so fully are we persuaded of the truth of the modern doctrine of the natural evolution

and self limited nature of all acute disease, and of the necessity of husbanding the vital resources, that the very idea of antiphlogistic treatment belongs almost with that of witchcraft to the superannuated notions of the past; while the true antiphlogistics are recognized to be such means, medical and surgical, as restore the damaged vital properties of the inflamed part and of the organism generally, and antagonize and combat microbes and ptomaines. From this point of view, the belief of our predecessors was not justified by the facts. They saw patients get well from grave inflammations and fevers, and they attributed the recovery to the medicines which they had prescribed—an unwarrantable post hoc, ergo propter hoc conclusion. They, in short, ascribed to the bleeding, the antimony, and the calomel the favorable changes which belonged to the natural course of the disease itself.

There seems to be no proof that calomel, when given in minute doses, whether to oppose the formation and organization of plastic exudations, or to stimulate the secretive organs and promote elimination, or to arouse the absorbents to greater activity in removing inflammatory products, ever serves any really good antiphlogistic purpose. It does, doubtless, disturb the nutritive processes, and deglobulize the blood; it may even render the blood "aplastic." Whether, however, this be a good thing in an inflammatory disease, is not proved. Nor can we even invoke the help of the known microbicide properties of the mercurial, for there is no evidence that calomel, when given internally, in fractional doses, has any such microbicide action.

Grindelia Robusta.—Dott Luigi D'Amore²⁹ has made an elaborate laboratory study of this drug. He finds that in frogs it produces first a paralysis of the higher nerve-centers, then of the inferior. The nerves and muscles preserve their excitability only through direct action upon them, so they at last lose their irritability. With dogs it was found that large doses depress and weaken the nerve-centers after having markedly excited them. With frogs, when the drug is applied to the heart, there are a slow and progressive diminution of the beat and a lengthening of the systole; sometimes the action is so energetic that there is a

rapid diminution of the number of beats and arrest of the heart in systole and with an inexcitable myocardium. With warm-blooded animals the phenomena which it produces may be ascribed to an exciting action upon the bulbar center of the pneumogastric, which, when a large dose is introduced at one time into the circulation, appears to be paralyzant. The effects upon blood-pressure are that with small doses there is a slight raising, which is more evident with medium doses; but as the amount is increased the pressure gradually and continually falls during the same time that the oscillations are shorter. In its action upon the respiratory system we have the most interest, for here we find the most extensive use of the drug. Experiments show that when its effects on the pneumogastric are considered, and also its power of contracting bronchial muscles and its action on the heart, that it is likely, in proper doses, to be of value as a remedy for the symptom of asthma. When in addition we bear in mind that the drug contains an active principle, likely a terpene, which benefits the associated catarrh, the clinical use of the drug has a scientific foundation. So far as its effect on bodily temperature exists it apparently possesses a paralyzing action on the thermogenic center. The secretions are changed as follows: the urine is increased by small and diminished by large doses, partly from changes in blood-pressure and partly from direct action on the renal epithelium. The saliva and bile are increased. Both urine and saliva are of greenish tinge.

Carbon Disulphide POISONING.—Stadelmann³⁷ had the opportunity to observe three cases of chronic poisoning by carbon disulphide, taking place in a vulcanite factory. In addition to the symptoms of extreme digestive disorders, there were tremor, giddiness, ringing in ears with poor hearing, inability to sleep, muscular weakness, trembling, more or less marked ataxia, strong increase of mechanical muscular irritability, disturbances of sight and sensibility, Romberg's symptom, incontinence of urine, and sexual impotence.

Calcium Bromide.—IN CEREBRAL DISEASES OF CHILDHOOD.—Following indications laid down by Hale in his "New Remedies," Dr. J. J. Mitchell⁷ has had gratifying results from

the use of this drug. He finds it useful in lax, lymphatic, nervous, and irritable children; and in children of this type can control the cerebral congestions and irritations to which they are subject, whether direct or reflexly caused. In cerebral troubles with the characteristic calcarea symptoms present calcium bromide almost invariably acts with efficiency and rapidity. His dosage has been usually a drop or fraction of a drop of an aqueous solution of the drug in the proportion of 1 to 5.

Quinine Amblyopia.—Dr. S. C. Ayers³⁸ reports a case of this condition occurring in a girl seven years of age. The child had generally enjoyed good health. She had had elevation of temperature for two weeks or more, and it was feared she was about to be attacked with typhoid fever. The patient then presented an eruption of chicken-pox, and during this time the temperature was far above normal. She was given large doses of quinine for three days, as follows: First day, 24 grn.; second day, 56 grn.; and third day, 26 grn. The child became unconscious after taking the last dose, and so remained for two or three days.

After regaining consciousness she was totally blind. This lasted one day, the vision returning slowly. Later on her color sense was impaired.

Dr. Ayers examined the case two months after the attack, and he found both papillæ pale, and vision 0.6 in each eye. The color sense seemed to have returned, and the child appeared quite healthy.

In the space of three days she had taken 104 grains of quinine, and, as the writer very truly states, "quite a large amount for one of her age." The brain was profoundly impressed by the drug, evidenced by the unconsciousness for a period of two or three days. The influence on the hearing, unfortunately, was not noted.

He goes on to quote De Schweinitz, who experimented on the influence of quinine on dogs. This last named author says, in résumé, "that we have thickening and changes in the walls of the vessels (endovasculitis); organization of the vessels, as the result of the constriction of the surrounding nerve fibers, presenting appearances not unlike a glaucomatous excavation; and finally, practically complete atrophy

of the visual path, including the optic nerves, optic chiasm, and optic tracts, as far as could be traced."

Alumina IN CONSTIPATION.—Dr. J. M. Saffridge³⁶ urges the power of the indicated remedy, citing among others this case. March 25, 1896, Miss B. C., a blonde of delicate constitution, being predisposed to phthisis, called at my office to consult me in regard to chronic constipation. She had been troubled for several years, and had taken almost everything in the catalogue of laxatives and cathartics, but, as is usual in such cases, she gradually grew worse rather than better, until now she had given up in despair. There was so much inactivity in the lower bowel that she would go for days without any desire, or until there was a large accumulation in the rectum. These symptoms were so characteristic of alumina that it was given in 200th potency, one powder dry on the tongue half an hour before breakfast, with blanks to follow; some directions in regard to diet, and she was requested to report in a week. April 1 she reported some improvement. She had had two voluntary stools since her previous visit. R. alumina 200th, one dose, to be taken as before, which cured. She has had no return of her constipation.

Ikshurganda.—A HINDOO REMEDY.—Gangadhar³⁷ writes of this drug, which is of very ancient vogue among the Hindoos. He has used it with great success in spermatorrhea and some sorts of impotence. His indications are all causal, as follows:

- (1) When the disease is caused by the thinness of seminal matter.
- (2) When it is caused by excess.
- (3) When it is caused by irritation or chronic inflammation of the prostatic glands, seminal vesicles, etc.
- (4) When it is caused by masturbation.

It is useful in both diurnal and nocturnal emissions and in the following kinds of impotency:

- (1) In impotency caused by masturbation and accompanied by spermatorrhea, but the vice had not been committed to such an extent as to have damaged the nerves entirely.
- (2) In partial impotency or seminal debility caused by excess.

(3) In impotence caused by the diseased state of testes, secreting thin, watery, seminal fluid.

(4) In impotency accompanied by such urinary troubles as painful micturition, inability of the bladder to keep the urine for a long time, etc.

It must be understood that it is more suitable as a remedy for partial impotence and seminal debility than a thoroughly confirmed case of impotency, where the sensation and erection are entirely lost.

He has always used it in 5- to 20-drop doses of the tincture in an ounce of water, three times daily.

Iodic Purpura.—A case of generalized purpura over the trunk and the four extremities, from the ingestion of one gram of iodide of sodium, is reported by Professor Lemoine.³⁷ This case differed from others previously related in that the eruption was quite confluent, forming arborizations and streaks over the skin, in its generalization, and in the intense itching that was produced. The purpura appeared twice under the influence of the sodic iodide, and at an interval of fifteen days. The eruptive patches came on a few days after the administration of the drug and lasted for about a week. The patient had congestion of the kidneys and liver, and had previously suffered from albuminuria and jaundice. These latter organs could not perform their excretory functions, and it is probable, according to the author, that the iodide of sodium had to be eliminated by the skin and thus the eruption was produced. It would be interesting to examine, in cases of eruption caused by drugs, the state of the liver and kidneys, as it is probable that lesions of these organs may play an important part in the pathogenesis of said eruptions.

Areca Catechu.³⁸—This drug is very extensively used in the treatment of helminthiasis in dogs, yet it is not altogether satisfactory inasmuch as it presents many elements of danger.

The Chemical News recently chronicled several cases of poison by areca nut where a teaspoonful was mixed with half a teacupful of castor oil, the entire amount being divided among four animals. In less than five minutes they experienced great difficulty in breathing,

coughed slightly, and fell down on one side. An emetic saved the life of two, while the other pair died in ten minutes. A third dog, given a like dose, in spite of an emetic died after five hours. An alkaloidal substance was subsequently found in all these dogs' stomachs, but in too small quantity to determine whether or not it was *arcoline*.

This goes to show that *areca nut* is far from being the harmless medicament it is generally considered to be, and that it is especially unsafe in the hands of the laity. We may also add the same is also true of *castor oil*, so far as canines are concerned.

Salix Nigra A SUBSTITUTE FOR BROMIDES.—In acute gonorrhea with much erotic trouble, and in chordee with great irritation, an exchange says :

"Give from 30 to 60 drops of *salix nigra* on retiring, repeating again at midnight or toward morning, if needed. Nothing gives more satisfaction than this remedy, as it robs the night of its terrors and leaves no unpleasant consequences in its train. In excessive venereal desire, amounting to satyriasis, this should be the first remedy employed, inasmuch as it controls venereal appetite in a very satisfactory manner.

"We may add it is a very effective substitute for the bromides in the foregoing class of cases, and may be administered when the latter could not be borne, since there is no reflex effect upon brain or nervous system."

Case of Copaiva Poisoning.—Wm. H. Thompson³⁷ reports :

On January 5, 1897, I was called to see a young man, aged twenty-six years, on account of a rash which he had first noticed two days previously. He had been treated by a chemist for gonorrhea for three weeks, during which time he had taken three capsules daily, each capsule containing (as I afterward ascertained) *mx* of *ol. copaivæ*. At first sight the patient looked as if he had measles, the whole of his face and neck being covered with an elevated bright red rash. The face and eyelids were also much swollen. On further examination the rash, which disappeared on pressure, was found to cover his chest, abdomen, and upper and lower extremities. His skin was very irritable, and the scratches, which were numerous across his

chest, bore evidence to the great amount of itching, of which he greatly complained. There was a very disagreeable odor about the patient, which he himself had not noticed. His temperature was 97.2°; pulse, 110; urine, specific gravity 1030, no albumin, no sugar. On discontinuing the capsules the patient gradually improved, although the rash was evident on the anterior aspect of his thighs seven days later.

Calcium Carbide IN UTERINE CANCER.—In cases beyond hope of a cure M. Sivet³⁷ proposes the use of calcium carbide, from which acetylene gas is derived, to control hemorrhages, pain, and fetid odors.

According to the author, the application of the remedy offers no practical difficulty. In cases of cancer of the neck of the uterus, the vulva and the vagina should first be thoroughly washed and disinfected, and then pieces of calcium carbide should be placed in the inequalities of the tumor. If a calcium crayon is to be introduced into the cervical cavity, it must be done very rapidly, for when it comes in contact with the moist mucous membrane it produces a bubbling, and nothing more is seen of it. In cancer of the breast the cavities are simply filled with pieces of calcium carbide.

As soon as the carbide comes in contact with the diseased parts, acetylene is set free, and escapes with a characteristic odor. In order to confine the acetylene, an ordinary dressing is used on the breast, and tamponing is employed in the vagina. The action of calcium carbide is very rapid; the patient feels at once a burning sensation which lasts for an hour or two, and at the end of that time the pain, the discharge, and the fetid odor disappear. The clot which is formed by the coagulant action of the acetylene presents a temporary barrier, which is sometimes definitive, to the hemorrhage, and when the fetid discharge is dried up the nauseous odor disappears. When the tampon of iodoform gauze which confines the acetylene is removed the vegetations will be seen to be diminished in volume and covered with a grayish eschar, which is easily detached with a blunt curette. It is not necessary to renew the applications of the carbide oftener than every four or five days, unless the hemorrhage should reappear on the day following the first application. If it is nec-

necessary to use the nearest time to hasten the destruction of the neoplasm, the applications of the carbide may be more frequent. In all cases the treatment, being purely symptomatic, should be continued until the fatal termination, which will be more or less retarded.

According to M. Livet, the symptoms caused by this treatment are few; in one case he observed diarrhea, and in another burns on the vaginal wall. Unfortunately, he says, the treatment is painful, and the burning sensation is very intense, and occasionally persists for a long time.

Iodoformism.—Dr. Robert T. Morris* attacks the use of iodoform gauze in abdominal operations, especially in appendicitis cases. He calls the symptoms resulting from absorption of iodoform "yellow exhaustion," as distinguished from "white exhaustion," produced by plain gauze packing. The symptoms of the former are a little elevation of temperature—a degree or two—increased rapidity in pulse rate, out of proportion to the rise in temperature; a tendency to somnolence, slight wandering of the mind, a disagreeable, persistent nausea, and an offensive breath from eliminated iodine. Without any alarming symptoms, the patient simply does not do well after the operation, has no appetite, no accession of strength, and after a week or two death from exhaustion. Free iodine in the urine and free iodoform gauze in the wound prove the diagnosis, while a decreased mortality after ceasing the use of the iodoform confirms it more positively.

Antitoxin, OR CARBOLIC ACID.—Dr. Henry Croskey¹ compares the effect of antitoxin poisoning and that of carbolic acid in the deadly parallel column, proving them identical. The amount of carbolic acid in the antitoxin is equal to the second decimal dilution, and is given in large dose. He claims that any cures achieved are due to the acid, which then chances to be well indicated. Fatalities following the use of antitoxin are due to the same drug, from this cause. Diphtheria is often followed by the sequel neurasthenia. We can find traces of paralysis all through the course of the disease. It affects powerfully the pneumogastric nerve. Now, if we bear in mind that the carbolic acid center of action is the pneumogastric, we can easily under-

stand why a nerve, already weakened, should give out under the combined power of these two powerful poisons, especially when they are so similar.

Cineraria Maritima NOT A SPECIFIC.—Drs. F. Park Lewis and A. B. Norton have both written¹⁴ regarding their experience with the above drug in cataract. Dr. Lewis says: "I used it very faithfully on cataract cases under my care for a long time, but without any appreciable results." Dr. Norton says: "I do not believe that the remedy is of any service whatever; at least, I have used it, and have been unable to detect any favorable results." Both oculists, however, claim to have seen great benefit result from remedies chosen upon general indications, individualizing the patient. *Lycopodium*, *causticum*, *phosphorus*, *iodoform*, *kali carbonicum*, *sulphur*, *nux vomica* are mentioned.

Spigelia IN CARDIAC RHEUMATISM.—Dr. Karl Kiefer⁹ says: I wish to particularly emphasize the excellent action of *spigelia* in the rheumatic inflammation of the heart. Allopathy rarely uses any other remedy in inflammation of the valves of the heart but *morphium*, in inflammation of the pericardium it gives *digitalis*, which only acts on the nerves of the heart and thereby retards and invigorates the action of the heart, but cannot affect its inflammation. But both these forms of inflammation find an excellent remedy in *spigelia*, which can remove the subjective symptoms, the stinging and the pressive pain and the asthma as well as the objective phenomena in a short time, often in a few hours after the first dose.

I remember especially one very desperate case in which I owed much to this remedy. A tavern keeper of this city, a great beer drinker, with a pronounced fatty degeneration of the heart and general corpulence, had a severe attack of articular rheumatism. With the peculiar constitution of the patient I apprehended, very much, the transition of the process to the heart, nor had I long to wait for it. I was called to him at night and found the patient complaining of violent dyspnoea, of pressive and lancinating pains in the direction of the heart. The respiration was very difficult, the face and the mucous membranes were colored a dark-red, the pulse

quick, springy, somewhat irregular. The examination showed symptoms of inflammation in one of the cardiac valves, but especially a loud friction sound in the pericardium, showing a severe inflammation. I prescribed *spigelia* 3d at first every quarter of an hour, but soon, on the alleviation of all the symptoms, I gave it every hour, and in the morning I was overjoyed on visiting him to find only a slight friction in the pericardium, which also disappeared by the next day. The patient had only after that to pass through a rheumatic inflammation of the pleura, and four weeks after the beginning of the disease he returned to his beer barrel where, despite all warnings, he continues to be his own best customer.

Formaldehyd IN EYE DISEASE.—Dr. Strecheminski³⁷ says that formaldehyd is found to possess so much value in surgery and gynecology, that Valude was induced to apply it in eye diseases as well, and the excellent results obtained by him have led many, among them the present writer, to make use of this agent in similar cases. At first he employed 0.05 per cent. solutions, but the strength was gradually increased to 0.1 per cent. The solutions were dropped in liberal quantities into the conjunctival sac, and in purulent conjunctivitis the conjunctiva was washed with the solution.

These applications cause a rather intense burning sensation; but this disappears in about a minute, and at each succeeding application becomes less and less intense, resulting finally in habituation to the smarting.

In catarrhal conjunctivitis, formaldehyd is inferior to other methods of treatment. At times it appears to be of benefit in chronic conditions, replacing the remedies that had been in use so long that the system had become habituated to them, and shortening the duration of the disease. In the acute stage of trachoma, formaldehyd is of but little value; while in the chronic stage it is useful, for the same reason as above stated.

In corneal ulcers formaldehyd exerts a most beneficial influence. In five cases of *ulcus serpens* that had resisted all other medication, the condition was immediately improved by the application of this remedy. The infiltration at the margins of the ulcers disappeared in a few

days; the ulcers stopped spreading, became clean, and healed completely in from seven to ten days. In one case *hypopyon*, which was present, disappeared in four days.

In all other infectious affections of the cornea (abscesses, and ulcers with or without *hypopyon*), particularly when torpid, formaldehyd exerted an excellent effect, but still not so good as in *ulcus serpens*.

Chronic Sulphonal Poisoning.—Dr. Schulz³⁷ records a case of chronic sulphonal poisoning with fatal ending. The patient, a woman aged fifty-nine, had been under treatment some years for headaches, constipation, and restlessness, and was extremely hysterical. On account of sleeplessness she had recently been taking sulphonal in doses of 15 grains, and had taken altogether about half an ounce within a month. When admitted to hospital for obstinate constipation with vomiting, there was a smell of acetone in the breath, the tongue was dry and furred, and there was great thirst, with restlessness and insomnia. All the organs otherwise were normal; the urine was normal. The next evening 25 grains of sulphonal was given, and the following day the urine was scanty, brownish-red in color, but free from albumin. Four days later the gait was unsteady, and five days after this there was weakness of the limbs and anæsthesia of the legs down to the ankles; knee-jerks, previously normal, were now difficult to obtain. Weakness increased, the knee-jerks disappeared, incontinence of urine and *fæces* occurred, and two days later the patient died suddenly. Since the single dose of sulphonal mentioned the urine had continued brownish-red with no albumin, but a few altered red-blood corpuscles. The color was found to be due to *hematoporphyrin*. Schulz considers that the toxic results after the one dose of sulphonal were due to the obstinate constipation present causing the sulphonal to be retained in the body longer than usual. Great caution should therefore be exercised in ordering sulphonal for patients who are constipated, and, where it is ordered, a careful watch should be kept on the urine for *hematoporphyrin*.

Zincum IN METALLOTHERAPY.—Dr. Goulon⁹ tells of a patient, Mrs. A., aged fifty-six years, who suffered from a peculiar affection of

the middle finger. It was crooked, the second anterior joint was affected, so that the first and second phalanges formed nearly a right angle. The condition lasted for months, and surgical measures were proposed. Dr. Goullon was called instead. He decided for *zincum*, and to have it applied in the following manner: The woman had to apply a little piece of sheet-zinc, like a small splint, over night on the back of the affected middle finger. Such a piece can be pierced and a ribbon or silk cord can be drawn through it to fasten it. This was removed during the daytime.

The result was surprising. The patient soon regained the full use of her finger, and thus of her hand. The finger no more snapped "in," as had always formerly taken place, so that she had always in the morning to "break in," her crooked finger with great trouble and anguish, with severe pains. That had, however, always been only of transient use, for as soon as she did her housework, e. g., when she swept, sewed, knit, etc., she never knew when her finger would be drawn crooked again, when the process of breaking it in or straightening it would have to be repeated.

Concerning the nature of this ailment, we might conclude from the fact that Mrs. A also at other times had suffered from rheumatism, so also once of sciatica, which could not be reached by allopathy. This had been relieved by *rus*, *arsenicum*, *kali carb.*, and *calc. carb.*, given in the order in which they are mentioned. At last she only had a feeling in her leg "as if a bug was crawling in it."

The affection of the middle finger did not return.

Nux Moschata Poisoning.—Dr. W. L. Smith¹² reports the following symptoms observed in a woman who had grated and eaten a whole nutmeg to check an excessive lochia. Has to think three or four times before she can say what she wants to, stupor and insensibility at times, for half an hour or more, then wide awake. Pupils dilated; blue rings around the eyes. Tongue dry; speech thick; mouth and throat dry.

Sensation as if the soft palate was rolling or curling up on itself from the tip to the base, (quite a unique symptom to me).

Throat very dry; dryness extends clear down to stomach. Fullness of stomach causing dyspnoea; numb, dead sensation through back and lower extremities. Palpitation, cold hands, cold feet. Very faint at times; little thirst, though mouth and throat are so intensely dry, flow stopped.

Iodide of Arsenic IN LOCOMOTOR ATAXIA.—Dr. Mackechnie.¹³—William F., æt. thirty-six, a compositor. Pains in legs, eleven years. They are sharp and spasmodic, very frequent day and night, but worse in first sleep at night, also worse in summer. He has vertigo, and walks badly with the eyes closed. Clumsy in touching tip of nose with eyes shut. Knee reflexes lost. Frequent micturition. Ordered *ignatia* 1x, but without benefit; also *belladonna*, which relieved the enuresis but not the pains. After a month's treatment with little result *arsen. iod.* 3x gr. iij t. d. s. was given. The first week there was no improvement, but in a fortnight the pains were less severe and frequent. *Ars. iod.* continued. From this time there was steady improvement in all symptoms except the frequent micturition, which returned, but was finally checked by *belladonna* in alternation with the *ars. iod.* Two months after commencing the latter he reported himself as wonderfully better in every respect, having now only slight touches of pain occasionally.

Hydrocotyledon IN LUPUS.—Dr. Wingfield.¹⁴—CASE I. Mrs. B., æt. fifty. For eleven years had suffered from lupus on the side of the nose, extending from the root of the nose to the tip and involving the adjacent parts of the cheek. She has been under many old-school practitioners, and has had the patch scraped six times, but it has never healed. Her general health is good. *Hydrocotyledon* φ 3ij to *glycerinum* 3j, was ordered as a paint, to be applied night and morning. Internally, *kali bich.* 3x gr. iij, was ordered every three hours. In a fortnight's time there was marked improvement, the parts looking healthier, with a tendency to heal. In two weeks more the whole of the patch had healed over, being covered by apparently healthy skin.

CASE II.—M. T., æt. twenty, lupus extending over the whole face, nose, eyes and lips. The same prescription was given for external use,

and hydrocotyledon 1x gtt. ij every three hours internally. In about a fortnight the parts had greatly improved and were looking quite healthy. Unfortunately the patient had to leave the town, and so passed from observation.

Arsenic, ROUND-CELLED SARCOMA OF THE SOFT PALATE CURED BY.—Dr. R. Bolde³⁷ records a case of round-celled sarcoma of the soft palate which, ulcerating, had spread with great rapidity to the pillars of the fauces, the tonsils, and the right portion of the upper jaw; giving rise to swelling of the lymph-glands as well as disturbances of deglutition and respiration. This rapid diffusion of the tumor, at first regarded as a gumma on account of the rapid softening, led to its being treated specifically. The rapid decline of the general health forced a diagnosis of a malignant neoplasm, which was confirmed by microscopic examination to be a round-celled sarcoma. Surgical measures being out of the question, an arsenical "course" was tried. A solution of arseniate of soda, 1:100, was injected hypodermatically into the interscapular region, beginning with a daily dose of 4 mgms. and gradually increasing it to 2 cgms. The injections were well tolerated, but at first were without effect, for a new metastasis appeared above the right upper canine tooth. After eleven injections an amelioration was apparent, for the ulcerated surfaces became cleaner, their margins began to cicatrize, and the metastases disappeared. The general state of the patient also improved visibly. The final result was that after eighty-four injections of the arsenical preparation in the space of eight weeks, the patient gained 9½ kgms. in weight, so that he could be discharged with the growth nearly cicatrized; provisionally cured.

Passiflora FOR NIGHT TERRORS.—Dr. S. D. Bullington³⁸ prefers the passion flower to the bromides in such a case as the following:

Robert G., age eleven years, has been troubled since five years old with night terrors, with some of the peculiar manifestations observed in somnambulism. He is a bright boy, full of energy, ambitious at school, active in the ordinary athletic sports of boys of his age; seems well nourished, having a splendid complexion. Shortly after going to bed he falls into a light sleep, seems a little nervous, and, with a sudden

start and scream, either sits up in bed and continues to cry as if frightened, or springs from bed and runs to his parents for protection as if in danger; at other times he seems to have lost something, and proceeds to search the house for it; his eyes are wide open as if awake. He will wash his face, empty the bladder (most invariably), and converse as intelligently as when awake, and will meekly obey any suggestion made to him, except when he seems to be frightened. The "spell" usually lasts about a quarter of an hour, when he goes quietly to bed, falls into a deep sleep, and has no further trouble till the following night. He never remembers a single act nor word during the spell, and says he does not dream anything of a scary nature. In fact, he imagines he sleeps undisturbed.

I began the use of the passion flower with him in February, 1896. He missed his spell after the first dose of 5 drops of the F. E. just before going to bed. I now have him taking 15 drops. He has had but few spells since beginning of treatment, and most of these which he has had came in the absence of his medicine. In this case I believe a cure will result.

Spiræa Ulmaria IN HYDROPHOBIA.—Kunen²⁸.—In 1832 I was bitten severely in several places on my hand by my own dog, which had rabies. The dog was shut up and died in three days with all the symptoms of rabies. Convinced of the inefficacy of the ordinary medical treatment, I applied to a peasant who was reputed to have a remedy for hydrophobia. He gave me a portion of fresh root cut into small pieces, and told me to take a teaspoonful of it for three successive mornings. Eighteen years have now elapsed, and I have experienced no bad effects from the bite. I learned from the peasant that his remedy was the root of the spiræa ulmaria. Since then I have had many cases of bites from mad dogs and wolves, and I have always employed this remedy with success. In my neighborhood dogs frequently go mad. I have set my powerful watchdog on them, and he has always killed them, though often bitten by them severely. I gave him the spiræa, and he has never been the worse of the bites. One of the cases I have cured of actual hydrophobia I may give in

detail. The servant of a neighbor was brought to me with all the symptoms of hydrophobia. He was under the care of two strong men, who held him securely. He had a dull, staring look, and made constant efforts to attack his attendants. I took a fresh root of spiræa, and, after cleaning and washing it, gave it to the patient, who seized hold of it and ate it up ravenously. Another root he devoured greedily, and likewise the half of a third root. During all this time he was held fast by the attendants. I directed the attendants to let him go. His look had lost its dull appearance, and he was much quieter. After a quarter of an hour he exclaimed, "Oh, how thankful I am to you!" He was placed in a carriage and driven home, five wersts distant. He slept the whole way, and as he was still asleep when he got home he was allowed to lie in the carriage. He woke up in the morning, became very restless and complaining, said he felt very ill, and was sure he was dying. He vomited a quantity of bile and some thick, dark green stuff, but not a fragment of the spiræa root he had swallowed. After this vomiting he fell asleep again, and woke next morning quite well.

Monsonia, Tincture of,²⁷ IN THE TREATMENT OF DYSENTERY.—*Monsonia*, an annual plant belonging to the geraniaceæ, is commonly used in the treatment of dysentery in South Africa. Dr. J. Maherly (Birmingham), who was for some time in practice in the Fransvaal, near Johannesburg, used this drug with the greatest success in about a hundred cases. The whole plant, including the flower tops—of either *M. ovata* or *M. Burkei*—was used in the preparation of an alcoholic tincture. The root, however, seems to be very nearly inactive and should not be employed.

Under the influence of this tincture, in doses of from 8 to 15 grams every four or six hours, the symptoms of dysentery improved more rapidly than under any other treatment, more rapidly in particular than with *ipæacuanha* administered after the Brazilian method. The effects appeared also to be equally good in acute and in chronic cases. Out of ten patients who were suffering from chronic dysentery, nine recovered and one died. This was a child, whose death was the result of noma, coming on

in consequence of the extreme weakness produced by the prolonged intestinal affection, the dysentery itself having already been cured by the drug.

Dr. Maherly found that tincture of *monsonia* cured acute dysentery, on an average, within two or three days; chronic dysentery within eight or ten days.

This tincture therefore appears to exert a specific action on the morbid agent of dysentery. It is also, apparently, a sedative of all abdominal pain, having proved successful in calming to a considerable extent the violent pain caused by chronic inflammation of the uterine adnexa.

Atrophy of Leg.²⁸—Fred O. had his bare foot trodden on by a cow in the autumn of 1893. The middle toe of the right foot was so injured that it only remained connected to the foot by a bit of skin. All attempts to save it were fruitless, and the toe mortified and came off. The allopathic treatment by carbolic acid failed to heal the foot. He suffered much pain. He continued to get worse. The foot swelled, the sole also. He lost his appetite and sleep, and had fever every night. The ball of the foot was very red, hot, and swollen. It was proposed to incise it, but the parents objected, and put him, in January, 1894, under homeopathic treatment. He got *acon.* 4th and *arnica* 4th alternately every two hours. A compress of twenty drops of *arnica* tincture to $\frac{1}{4}$ liter of water was applied. The second night the boy had a good long sleep. The fever ceased and the foot began to heal. After eight days the wound was healed, and the swelling abated so rapidly that he was able to put on a boot and walk about. His mother said that when one year old the child had got a blow on the left foot, which had become immovable, and its development was arrested. The leg was much emaciated, and shorter than the other. It was cold and of a blue color, it hung down quite lax, and could only be drawn up about 5 cm. It was as flexible as india rubber, and could be turned and twisted in all directions. It seemed to have no bones or joints. When the right foot was cured, an attempt was made to treat the left leg. He got *calc. phos.*, 6th trit. twice a day. After eight days the boy experienced formication in the left leg. It became gradually warmer, and after four

weeks he could raise it better, and after another four weeks he could stretch it out at a right angle. He gradually began to make attempts to use it in walking. His parents provided him with a boot with a very thick sole, and in about two years he had worn this sole out, after the leg had remained useless for ten years.

Strophanthus.—Dr. Reynold W. Wilcox³⁸ has made a careful clinical study of the physiological action of the tincture of strophanthus. Its field of action is especially upon cardiac muscular fiber, giving an energetic cardiac systole, and secondarily a slower pulse-rate. There is little change in the caliber of the blood vessels. The increased blood tension causes a diuretic action clinically; within an hour the pulse is visibly strengthened, and irregularities and inequalities are almost always overcome. The advantages over digitalis are summed up as: (1) greater rapidity, modifying pulse-rate within an hour; (2) absence of vasoconstrictor effects; (3) greater diuretic power; (4) no disturbance of digestion; (5) absence of cumulation; (6) greater value in children; and (7) greater safety in the aged. Dr. Wilcox used the strophanthus hispidus, variety *Kombé*.

Calcarea Carb.—IN CONGENITAL DEFICIENCY OF PARIETAL BONES.—Dr. Ord³⁹ reports the birth of a child who presented large circular softish swellings, one over the center of each parietal bone. The tumors, which did not fluctuate, projected a half inch beyond the contour of the skull, and were surrounded by a hard, irregular ring of bone with everted edges. The posterior fontanel was wanting, the anterior very large. The condition was evidently an absence of the osseous center in each bone. For the first month the tumors increased, the head elongated, and grave cerebral symptoms supervened.

The child went suddenly into a comatose condition several times a day for three days, afterward less frequently. These attacks were characterized by pallor, blueness of lips, a peculiar sinking in of the eyeballs with dilated pupils, almost imperceptible breathing and pulse. These seizures would last for five to ten minutes, when, with a deep sigh, consciousness would suddenly return. The circumference of the skull at this time, a month after birth, from the chin

and over the tumors was $17\frac{3}{4}$ inches. The child was bottle-fed on cow's milk and barley-water, and gained in flesh and weight. Brandy, in drop doses, was given during the fits with evident benefit. The remedies tried were first apis, then helleborus; neither had any effect.

Five weeks after birth, the head continuing to enlarge, it was decided to try calc. carb. 6x gr. iij, t. d. s. Within a week there were signs of improvement. In a fortnight bony flakes could be felt in the membrane covering the tumors, which had perceptibly decreased in size. The comatose attacks were less frequent and prolonged, the child was more vigorous. Bone now was rapidly deposited over the swellings, and in a month after beginning calc. carb. the smaller tumor was completely covered by a thin plate of bone, and the larger tumor also, except a small area in the center. The head had improved in shape, and although not smaller, the child had grown more in proportion to it. At three months Benger's food was given, and there were no more cerebral attacks. The tumors had almost vanished, except for a slight fullness of the skull over their former site, which was firmly covered with bone; the anterior fontanel had much diminished in area.

The child is now eighteen months old, exceptionally bright and intelligent. The anterior fontanel closed at twelve months; the head, although large, presents no trace of its former abnormality, and is of good contour.

Verbascum IN MEGRIM.—Dr. Mueller⁹.—This remedy seems to correspond in general less to megrim than to certain kinds of face-ache; to these it corresponds quite specifically. And yet it is by means of verbascum that I succeeded in radically curing my second case of megrim. A lady, fifty years old, had been suffering for about twenty years from megrim, of which she had an unusually violent attack every two to four weeks. Belladonna, nux vomica, seemed, indeed, to produce a temporary alleviation, but they had neither removed nor rendered milder the ailment to any great degree. Verbascum, when first used during an attack, produced at once an essential alleviation and shortening, and after a few months it produced a total cure, so that, even after manifest exciting causes, which formerly had always caused an attack,

there was only noticed, on rising in the morning, a trace of slight dullness in the head which soon passed away. The symptoms which led me to *verbascum* consisted especially in the simultaneous affection of the ear on the same side. When the headache, consisting mainly of a pressure and pinching in the temporal bone and the zygoma, was at its highest point there was an intolerable drawing into the ear, with sensation as if there was something before the ear. This sensation was also especially increased by moving the jaw and by chewing. The patient was, indeed, already in the years in which *megrim* frequently of itself decreases or even disappears entirely, but the symptoms were much too characteristic for *verbascum*, and the recovery too rapid and too strikingly coincident with the use of the remedy, to allow me to doubt that the cure was actually effected by the medicine.

Bullous Dermatitis FROM QUININE.—J. C. Johnston²⁰ records the case of a man, aged thirty-seven years, who had before experienced two attacks of quinine dermatitis from taking two 2-grain quinine pills. Two 15-drop doses of compound tincture of cinchona caused the present outbreak. Two days after the ingestion there was intolerable itching, and soon vesiculation on the genitalia, face, and ears, and the whole general surface of the body rapidly became the seat of a scarlatinoid dermatitis. As this began to decline, the palms and soles became affected with blebs, some of which were large in the first outbreak, as much as eight ounces of serum being evacuated. The blebs recurred, and it was five or six weeks before recovery was complete, the palms being the last to recover. The chief points of interest are the variety of the bullous manifestations from quinine, and the great disproportion between the violence of the cutaneous outbreak and the small amount of the drug ingested.

Magnesia Phos. IN OTITIS MEDIA.—Dr. J. M. Selfridge²¹ narrates the case of Miss W., who was taken, about the middle of last January, with a feeling of fullness in the left ear, which was soon followed by severe paroxysmal pain, shooting like lightning deep into the ear, accompanied with much soreness when an attempt was made to lift the pinna, or when

pressing under it, or between it and the mastoid process. Inflating the ear through the eustachian tube caused maddening pain; temperature, 103°. The speculum showed injection of the tympanum, but no inflammation of the external ear. The pains were aggravated by cold and relieved by the application of warm water into the ear, and, also, by dry heat externally.

Diagnosis.—*Otitis media acuta*. I concluded to treat the case as nearly in accordance with the law of similars as I knew how.

The pains, shooting like lightning and relieved by warmth, are so characteristic of *magnesia phos.* that I gave it in the 200th potency, one dose dry on the tongue, and allowed the action to continue until the next day. My next visit found my patient smiling, with no pain and very little fever, but the soreness of the ear, although much less, still remained. The dose was not repeated. On my next visit, I found the patient had been up and around the room during the night, and as a result the pain had returned with characteristic violence. *Magnesia phos.* was again prescribed, one dose dry on the tongue. The relief was prompt. Once or twice during the following week the single dose was repeated, by which time the soreness, pain, and inflammation had entirely subsided. Four days after the first attack there was a slight discharge of pus into the throat, having a foul taste, but it did not recur.

Cratægus IN ANGINA PECTORIS.—Thomas C. Duncan⁹ says: Mrs. A., a printer, came to me complaining of some pain in the side as if it would take her life. She did not have it all the time, only at times, usually the last of the week, when tired. I prescribed *bryonia*, then *belladonna*, without prompt relief. One Saturday she came with a severe attack, locating the pain with her right hand above and to the left of the stomach. The pulse was strong and forcible. On careful examination I found the heart-beat below the normal, indicating hypertrophy. I examined the spine, and to the left of the vertebra about two inches, I found a very tender spot (spinal hyperæmia). She told me that when a girl she had several attacks, and that her own family physician (Dr. Patchen) gave

her a remedy that relieved her at once. She had tried several physicians, among them an allopath, who gave hypodermic injections of morphia, without relief. Hot applications sometimes relieved.

I now recognized that I had a case of angina pectoris, and that her early attacks were due, I thought, to carrying her heavy brother. Now the attacks come when she becomes tired holding her composing stick; at the same time she became very much flurried, so much so that she had to stop work because she was so confused. I now gave her a prescription for cactus, but told her I would like to try first a new remedy, giving her *cratægus*, saturating some disks with the tincture (B. & T.). I directed her to take two disks every hour until relieved, and then less often. If not relieved, to take the cactus.

She returned in a week reporting that she was relieved after the first dose of *cratægus*. More, that hurried, flurried feeling had not troubled her this week. Her face has a parchment skin, and the expression of anxiety so significant of heart disease was certainly relieved. I have not seen her since.

In my proving of this drug it produced a flurried feeling due, I thought, to the rapid action of the stimulated heart. One prover, a nervous lady medical student, gives to-day in her report "a feeling of quiet and calmness, mentally." This is a secondary effect, for it was preceded by "an unusual rush of blood to the head with a confused feeling."

Baryta Carb. IN INTERMITTENT FEVER.—Dr. A. W. K. Choudbury⁹ urges the value of this drug in suitable cases of intermittent fever, and the publication of results. He sums up from his experience, with particular reference to fifteen cases described in detail, the following conclusions:

Bar. c. fever is generally a thirstless fever; no thirst in chill, no thirst in heat, and no thirst in sweat. It may have slight thirst in some cases in chill, and, in other cases, in heat, but never in sweat. Horripilation in chill is a constant quantity. In very few cases I have seen thirst in apyrexia.

In prodrome I have seen stretching and yawning (not mentioned by H. C. Allen), so much that I have no objection to call them another

constant part of the fever. Of the above-described fifteen cases, yawning and stretching have been found in ten.

Burning of the eyes has also been found in few cases in prodrome.

Thirteen of the fifteen described cases are of the quotidian type and the remaining two of the tertian. These are the two types mentioned by H. C. Allen, but bar. c. does not fail to prove curative in the quartan type, if other symptoms indicate it, as I found in one of my relations who was ill with intermittent fever of the quartan type. A dose of bar. c., as I usually use, sufficed to cure her.

The dose of the medicine. I use bar. c. 3d trituration. I do not remember what led me to use the above trituration, and that in about a grain dose. I see nothing to create in me dissatisfaction on the result of using the above trituration. I have not tried bar. c. in intermittent fevers with any other potency of the carbonate. This use of bar. c. in the low potency, with such sure cure as the result, stands in the way of those distinguished homeopaths who so very loudly praised the high potencies in the treatment of intermittent fevers. It would not be out of place to remark that I have used higher dilutions of other medicines in treating intermittent fevers with no less satisfactory result.

Bryonia IN GASTRIC NEURITIS.—Dr. Mackenzie³⁵ treated John R., æt. fifteen years, a bookbinder. He complains of a colicky pain at umbilicus, with a sense of pressure. It occurs some time after meals when the stomach is empty, and when he wants food. It is worse in the evening. Bowels are costive. Other functions healthy. Ordered *bryonia* 1x, ter die. In a fortnight patient reported the pains gone and bowels regular. He remained well for five months, then returned with the same pain, only more severe, lasting all day and occurring every day. Bowels costive, very large hard stools every two or three days. The pain is rather below the navel, and still worse when he wants food. Ordered *bryonia* 1x. The pains gradually ceased, bowels resumed a regular habit, and in three weeks he was well.

Does Quinine Cure or Suppress?—A paper²⁰ by Dr. A. A. Clokey advocating quinine as the only rational treatment for malarial

intermittent fever has evoked a number of cures from residents of malarial neighborhoods detailing positive cures by nat. mur., ign., ars., ipec. tox., and others as indicated. A typical case was the following, by Dr. J. F. Vansant:

A young man, twenty-one years of age, applied for treatment "as a last resort," and his appearance gave credence to his prognosis. He had been treated by the "regulars" of the community, had taken chill tonics and domestic remedies in approved doses, yet for twelve months he had a chill every other day at about 8 A. M., beginning in the extremities; nails blue; great drawing of limbs; fever and sweat lasted several hours intermingling. He was emaciated, jaundiced, constipated, and expected a chill the next morning. A dose of *Rux. vomica* 6x was given, with directions to take no other medicine until after another chill occurred. He reported in two weeks thereafter that he had no chill after the dose given in the office; had a ravenous appetite and had gained eighteen pounds in weight. He had no return of chills.

Palladium IN STERILITY.—Dr. Eric Voulbergitz describes in interesting detail the case of Mrs. K. G., aged twenty-seven, married six years, and had had two children, and one abortus. Abortus three years ago, and sterile since that time from chronic pelvic inflammation subsequent to a curettage (sepsis?) after the abortion (was in bed for three months).

History and Symptoms.—Patient came under my care October 10, 1895; she related to me that she knew the nature of her disease from her different treating physicians, especially Dr. C. Cleveland; that she had inflammation, and further that the physician of Mt. Sinai Hospital had told her that she had to undergo an operation (vaginal hysterectomy?). Said she had not been pregnant in these three years on account of the inflammation, as her other physicians had told her.

The most conspicuous symptoms were:

Patient feels as if somebody was cutting with a knife in her anus; always empty eructations; headache always moving around like cramps; pains in the ovarian regions, going down the thighs.

Physical examination showed the following anatomical condition: Uterus retroflected,

painfully sensitive, immovable. The parametria on both sides a compact mass, filling out the lower pelvis. In lithotomy position the upper border of the masses could be palpated through the abdominal walls.

The diagnosis was easy—chronic pelvic inflammation.

I prescribed palladium 30th (three doses) to be taken one every twenty-four hours.

October 29.—Patient reported considerably relieved. Sac-lac.

November 2.—Patient feels worse again. As the symptoms had not changed I gave palladium 30th (three doses) again.

The patient did not return, and I thought that she was again under the charge of other clinics.

February 12, 1896, patient came suddenly to my office, and most excitedly expressed her fears of being pregnant.

At my request she related that she had felt better, and therefore did not think it necessary to come, especially as she lived very far off (most clinical patients indulge in such a habit, so it is mostly by accident that the final result, cure or failure, is revealed by recommended new patients or by otherwise reported gossip).

As I examined the patient I was startled to find the following: That nearly all inflammatory swellings had disappeared, and a very well-defined pregnancy by the positive uterine signs was established.

I especially narrate this case, as the patient believed herself safe—on the authority of many physicians—not to become pregnant again.

Phaseolus Nana, THE NEW HEART REMEDY.—Dr. A. M. Cushing^o reports another case of the remedy he is introducing, the common white bean. "My case was that of a lady, aged about forty, who for two years was under the care of a homeopathic doctor for some trouble, I don't know what; then two years under the care of another homeopathic doctor for a fibroid of the uterus. She had twice consulted a specialist in Boston, who said it could not be removed. Then she came under my care with a fibroid as large as a fetus at full term. Suffice it to say, I gave remedies in a higher attenuation than I believed she had taken, and in a few months the tumor had greatly

diminished and gave her no trouble. Still she was nervous and had neuralgic pains almost all over her. As remedies did not seem to relieve her for any length of time, I decided to give her *phaseolus 9x*, as it probably would do as well as what I had given her. The next time I called she met me with "I want a whole bottle like what you gave me last." She does not have to take any medicine now.

Cuprum met. AND Kali mur. IN EPILEPSY.—Dr. H. V. Halbert,³ urging the value of the law of similars in epilepsy, calls attention to two: *cuprum metallicum* and *kali muriaticum*. The former is the most perfect simillimum of the epileptic spasm. It moreover has a peculiar grouping of symptoms and a periodic tendency similar to the disease. It has a deep seated action, and therefore pertains to the involvement of brain cells below the neuroglia layer. Thus it is very useful in cases of long standing, and in adult subjects. Its powerful influence upon the alimentary canal makes it valuable in the reflex or sensory form. In like manner it controls the violent delirium or the tendency to stupor, and thereby preserves the function of the cortex motor cells. To prevent the sudden explosions of motor force, there must be an equally distributed arterial pressure and a perfect mental inhibition. To stop the paroxysmal frequency the brain structure must be well nourished and the mind must have control. *Cuprum* will do this more satisfactorily than any other remedy. To me it has been a sheet anchor in the treatment of old and obstinate cases, and if the time was sufficient I could give statistics in confirmation of the claim.

Kali muriaticum is one of the tissue remedies too easily overlooked. Its delicate affinity for the nerve centers makes it a slow acting remedy. Inasmuch as the physician too frequently seeks palliation in epilepsy, it is not generally employed long enough. Without doubt it preserves the fibrin factor and prevents a tissue metamorphosis. This, I believe, should be the therapeutic aim in treating this disease. It is simple enough to relieve a fit, for it is in itself self-limiting. The real object is to overcome the morbid degeneration. The protoplasmic fibers are surely strengthened by *kali mur.*, and such a condition tends to preserve the brain

integrity. When the brain cells are properly nourished, they can withstand the irritation of the sensory fibrillæ which surround them. This being done, we have made the first advance toward the removal of the cause of the disease. While I do not make the claim of any specific, and while I admit the difficulty in curing this terrible disease, my record book gives much substantiation of the above statement. I had expected to present the case of a boy who had suffered with a severe form of epilepsy, but who is now surely within the hope of recovery. He has been under my care for some time, and his only remedy has been *kali mur. 6*.

Cure from One Dose of Rhus Tox.—Dr. A. G. Moffatt,⁴¹—Mrs. R. I., aged thirty, of slender stature, and brunette type, has had several attacks of swelling on right side of neck, increasing to a large size. It usually comes on during the spring and autumn months, or after bathing. The condition usually lasted four to six weeks, being accompanied by pain in the joints. Under the most favorable circumstances and best treatment, at different times and places, by skillful and experienced physicians, the condition would last the usual length of time. Her neck had been blistered with cantharides and painted with iodine, until the surface was left raw and bleeding. After having been treated in this manner several times, she always became alarmed if there was the least enlargement on her neck.

On July 16, 1895, the condition began to appear again after she had been bathing in the lake a few times: as usual, she became very much alarmed, and consulted me about her condition. After investigating, I noted the following peculiar symptoms:

Swelling on right side of neck, below and anterior to the right ear, skin red and covered with small vesicles which would break and exude serum, keeping the surface wet. There was intense burning and itching, with aggravation from rubbing or wet applications, which seemed to spread the eruption. Pain in shoulders, hips, and knees, aggravation at night during damp weather and after bathing, very restless at night and could not sleep. Did not mind rheumatism during daytime or when moving around but was always worse during

damp weather. Pulse and temperature normal. Gave one dose of *rhus tox.* L. M. at 9 A. M.; at 1 P. M. feels better; not so much burning. At 6 P. M. burning and itching have gone. Next morning says, "Slept better last night than for a month." In three days the condition was all cleared up, and she felt better than for five years. She was to send for medicine if condition returned, but I have not heard to present date.

Aconite IN EPISTAXIS WITH FEAR OF DEATH.—Dr. J. M. Selfridge²¹ says: I had a case of a gentleman in Oakland with epistaxis. There was an abraded surface in the left nostril. I plugged the nostril with cotton saturated with persulphate of iron. It started again in a few hours. I depended upon the local astringent. The patient was evidently in a hemorrhagic condition. I repeated the plugging, and thought he would not bleed again, but he did. During my absence Dr. Clarence Selfridge pulled out the plug, but he still bled; Dr. Grant Selfridge applied the galvano-cautery, but he still bled. Dr. Augur suggested ergot. It was prescribed in massive doses, but he still bled. He grew very weak and thought he was going to die, and asked to be given something so that he might die easy. I thought he needed aconite, and gave it in the two hundredth potency, and it acted like a charm. If bleeding started up afterward a little aconite would stop it.

Digitalis IN PNEUMONIC FEVER.—E. V. Ross, M. D.⁸—In the so-called senile pneumonia, or the pneumonia occurring in old people, digitalis is a potent remedy when the following set of symptoms is present:

"Dry cough, with mucous râles over both lungs, without expectoration; if there be expectoration it has a purplish color, which has been likened to 'prune juice.'"

"Face pale, of a death-like appearance, or a purplish cyanotic hue."

"Extremities cold and cyanosed."

"Pulse feeble, frequent, irregular, and may intermit."

"Great prostration."

"Deathly nausea, or a gone, sinking feeling in the scrobiculus cordis."

The above symptoms indicate a desperate condition, and point quite clearly to an impend-

ing respiratory paralysis. The prune-juice expectoration, so characteristic of digitalis, is looked upon as an unfavorable sign, indicating extensive blood changes. According to Grisolle the mortality in pneumonia is fifty-nine per cent. in those over sixty years of age.

Antimonium-tart. is the nearest analogue in these cases.

Kali Bichromicum IN DIPHTHERIA.—Dr. George H. Martin²¹ reported a case of diphtheria. There had been two other cases in the same family, which had both died the week previous to the time that this patient was taken down. I had another physician in attendance with me upon the case, which, from the first, rapidly grew worse. At last Dr. Selfridge was called in. He agreed with the remedy, which was kali bichromicum, but recommended that it be given in the two hundredth potency instead of the sixth, which had been used. Two hours after, the child, which was in an almost moribund condition, began to improve, and in a few days' time was entirely out of danger. It was one of the clearest cases of relief from a high potency that I have ever seen.

Dr. Selfridge matched this case with the following: I had a case in Fabiola Hospital. Girl three years old. The membrane was in the larynx, with the barking cough, etc., of membranous croup. Kali bichromicum was indicated. I was in the habit of giving it in the third dilution in water. I called consultation as the patient was getting worse. They recommended iodide of arsenic; gave it late in the afternoon; went back to see the case at midnight. There was no improvement, perhaps worse; signs of dissolution were present. We did not expect the child to live, so thought I would experiment. Gave kali bichromicum two hundred. The child was better next morning, and progressed steadily until complete recovery.

Oleander Poisoning.¹²—A boy in perfect health, four years of age, put a broken oleander leaf into his mouth but quickly spit it out again. In a few minutes the tongue became red and raw where the oleander came in contact with it. The patch affected was about one-half by one inch in extent, involving the side and a portion of the upper surface of the tongue, and had the

appearance of being denuded of mucous membrane.

One year later the patch remained the same, being altered in neither size nor appearance. The child, however, had all the time been perfectly well.

Ten months after the occurrence a general roughness of the skin had developed, and a papulo-pustular eruption had appeared on the ankles and calves of both extremities.

Could so transient and apparently light contact of that broken oleander leaf have produced these conditions? Allen and Cowperthwaite describe such skin symptoms as arising from oleander but not that condition of the tongue.

"Primula Obconica," POISONING BY THE.—Dr. J. H. Neale³⁷ makes the following observation: On April 9, 1896, Mrs. W., a young married lady, consulted me for a rash which had suddenly appeared the day before on her face and hands, "which itched and burned intensely." On the face the eruption was urticarial, but the blotches were too confluent; while on the hands, especially between the fingers, it was suggestive of scabies. I suspected some local irritant, and finding that the soap used was not irritating I described as carefully as I could the flowers of the *P. obconica*, but she denied having handled any. Under a topical soothing application the face was soon better and desquamating, but the hands became intensely painful. On the dorsal aspect the spots had turned to purple blotches, while the whole palmar surface of hands and fingers had become stiff and unusable. Two days later the face was comparatively well, the blotches on the dorsal aspect of hands and fingers fading, but there was evidence of deep-seated blisters forming at the tip of each finger and above and below each phalangeal flexure. To make sure I smartly pricked the tip of one finger and a bead of clear fluid escaped. I ordered the patient to macerate her hands thrice daily for ten minutes at a time in rectified spirit (to which was added a fair proportion of tincture of belladonna), and then to swathe them in lint soaked in glycerin and covered with oil silk, relying upon the hygroscopic properties of the spirit and glycerin and the possible action of the belladonna as an anodyne. The result fully justified the experiment. A few days later she

told me that "her hands were nearly well," and she "could bend her fingers." The first thing that attracted my attention as I entered her room was the presence of three fine blooms of the *P. obconica* among other flowers on the table. On pointing out that these were the very flowers I had been looking for and asking about, she told me she had gathered them the day before in the conservatory, and on going there I found eight fine plants, some in full bloom, which she had been in the habit of watering, etc. That they had not bloomed on April 9, when the rash appeared, opens out a fair field for research as to the properties of the several parts of this pretty but obnoxious plant.

Jacaranda.—Dr. J. S. Whittinghill³⁸ has determined upon morning soreness and stiffness of the muscles as the guide in prescribing jacaranda in four cases. Its first trial was given a patient suffering as follows: She had had rheumatism for about ten years—never became serious. Sometimes she was nearly relieved from it; again lost much rest and sleep from it. Her wrist would become painful and very weak from ordinary labor. She always suffered very much in the morning upon any motion, and complained of being stiff. Had to have assistance in dressing. Upon sudden motion, sensation in the muscles as of tearing and being bruised—even painful upon pressure.

I gave her different remedies as they seemed to be indicated, with no results toward removing the trouble. I thought there could be nothing lost by trying jacaranda. It met with decided success. She was entirely relieved of muscular pains in a few days. Had the recurrence of some symptoms in about six weeks after; tried jacaranda again with the same decided success. Some eight weeks have elapsed since, with no recurrence of muscular pains.

Acetanilid Poisoning IN A NEWBORN INFANT.—Dr. Irving M. Snow³⁸ read an account of such a case. The child was healthy and born by a natural labor. On the seventh day the navel wound was dusted with crystals of acetanilid. Two days later the child became livid, apathetic, very blue, as in asphyxia. The pulse was very rapid; respiration, sixty; temperature, 99° F. The lungs were clear and heart valves normal. The mind seemed clear and the pupils

normal. Digitalis and oxygen were given, but the rally was slow. Jaundice came on later. The stools and urine were normal. The loss of weight was fourteen per cent. in two days. Eight cases are now reported, in one of which the patient died when four days old. The frequency with which acetanilid is used by surgeons must make us watchful. It is unsafe for infants.

"Snow on the Mountain," DERMATITIS VINENATA FROM.—Dr. George T. Jackson⁹³⁹ narrates a case of poisoning by this usually considered harmless plant, whose botanical name is *euphorbia marginata*. The patient was very susceptible to drugs of all sorts, and had been frequently poisoned by poison ivy and dogwood. Contact with these plants had not occurred at the time described.

A neighbor presented to the patient a bunch of snow-on-the-mountain, which she put in water and set on the mantel shelf.

During the day, which was cool, a fire was burning on the hearth, before which the patient sat. She became warm and sweated freely. The next day her face felt hot and uncomfortable, and soon began to swell. From then on the swelling, redness, and vesiculation steadily increased. The eyes were closed, and the patient felt so ill that she thought of the possibility of erysipelas. Shortly after the face became swollen the same dermatitis showed itself on the hands and ankles, the swelling of the hands being so great that they could not be used, while the feet became so painful as to render walking difficult. The inflammation was at its height in about four days, and then subsided, but it was several weeks before the skin returned to its normal condition.

The patient asserts that there was far more pain associated with this form of dermatitis than with that due to rhus poisoning, and that the swelling and vesiculation were the worst she had ever experienced.

Ceanothus FOR ENLARGED SPLEEN WITH CARDIAC SYMPTOMS.—Majumdar⁹³⁹ was consulted for supposed heart disease by a young man. Examination of the organ gave no results.

On further inquiry, I learned that the man remained in a most malarious place for five

years, during which he had been suffering off and on from intermittent fever. I percussed the abdomen and found an enormously enlarged and indurated spleen, reaching beyond the navel and pushing up the thoracic viscera.

The patient complained of palpitation of heart, dyspnœa, especially on ascending steps and walking fast. I thought from these symptoms his former medical advisers concluded heart disease. In my mind, they seemed to be resulted from enlarged spleen.

On that very day I gave him six powders of *ceanothus* Amer. 3x, one dose morning and evening. Improvement was immediate, and *sac. lac* was given.

Reported further improvement; the same powders of *sac. lac* twice. To my astonishment I found spleen much reduced in size and softer than before; I knew nothing about this patient for some time. Only recently I saw him a perfect picture of sound health. He informed me that the same powders were sufficient to set him right. He gained health; no sign of enlarged spleen left.

Rano Bufo IN EPILEPSY.—Majumdar⁹³⁹ also gives the history of a young boy, aged about sixteen, who had attacks of epileptic fits since the earliest days of his life. He cannot say from how long he had that enemy with him. He came under my treatment in the month of April, 1880. I tried several remedies without much benefit. At last I was told that from his early boyhood he used to indulge in the habit of masturbation. His aura appeared from his stomach, as he said, and the convulsion gradually took the shape of a regular epileptic attack. I decided upon giving *rano bufo* a trial, and 6th decimal potency of the remedy was administered morning and evening. The fits disappeared after a week's taking of the remedy and did not appear since then. The boy was perfectly cured.

Phosphorus IN THREATENED PHTHISIS.—Andrew M. Neatby, L. R. C. P.,⁹⁴⁰ reports the following interesting phosphorus cases: Miss C., aged about twelve. May 22, 1896. This patient has had a cough for about three months. Coughing is provoked by some irritation under the upper part of the sternum. There is no expectoration. Pain is felt in the right side of

the chest on coughing or on taking a deep inspiration. For two or three months she has been losing flesh and strength, and her friends have noticed that she has been feverish at night. There is some pallor noticeable now, but the patient has been observed to be flushed late in the evening when asleep. There has been no night sweating. Patient has been growing rapidly, and catches cold easily. One of her sisters died of phthisis. The appetite is poor, the bowels slightly confined, and there is some headache on the vertex which is aggravated by the cough. There is some falling in of the chest wall under the right clavicle, otherwise physical examination is negative. Phosph. 6 pil. iii n. and m.

May 27. The pain has disappeared. The cough, the irritation provoking the cough, and the headache are better. Continue.

June 3. No pain. Cough better. The face is filling out and the patient is stronger. Continue.

June 18. Has been away for a week. Before leaving the cough had nearly disappeared, and during absence she has not coughed at all. The patient feels stronger, and her friends have noticed a very marked improvement in general health. Phosph. 6 pil. iii once a day.

May 27, 1897. No return of symptoms.

Phosphorus IN MARASMUS.—Ibid.³⁵—J. F., girl aged fifteen months. July 9, 1896. Has been wasting for about a month. Previously she had never had a day's illness. Has been noticed to pick her nose very much. The respiration is labored, and sixty per minute. She has had measles, from which she is said to have made a good recovery. There is now a good deal of bronchitis. The cough is loose. The bowels act irregularly and the motions are offensive, the smell being described as earthy. The appetite is poor. The child sleeps fairly well. She seems very exhausted after the cough. Phos. 4x ter.

July 16. Yesterday the child began walking again after four or five weeks' interval. There is less picking of the nose. The appetite is improved. The bowels are acting regularly. The cough is less frequent and less exhausting. Continue.

July 20 Does not cough more than once or

twice a day, and then not very violently. Does not seem exhausted after the cough as she did. The motions are getting more healthy in color. Continue.

July 27. Coughs very seldom indeed. The exhausting character of the cough is entirely gone. The motions are less offensive. Phos. 4x n. and m.

August 6. The cough is gone and the bowels are regular.

Picric Acid Salve, POISONING BY A.—Recent advocacy of picric acid in burns renders interesting this note of warning.^{36, 37} Dr. Szczypiorski relates two cases where, thirty-six hours after local application of a five per cent. salve of picric acid in vaseline, there was noticed slight icterus and a rubeoliform erythema which covered the whole body, together with an erythema in irregular patches, with well-marked borders, and varying from the size of a ten-cent piece to that of a fifty-cent piece. They were partially confluent, and did not disappear wholly on pressure. The urine was darkish red, the tongue coated; there was anorexia, with general malaise, so that the patients, men of twenty-eight and thirty-six years, were obliged to remain in the house for two or three days. The salve was replaced by a solution of picric acid in water and a salve of aristol in vaseline. In ten days the symptoms had wholly disappeared. One of the burns healed with astonishing rapidity, while the other cicatrized more slowly. He advises the use of the acid in burns, but rather as an aqueous solution, without addition of alcohol.

Sabal Serrulata IN DISEASES OF THE PROSTATE.^{38, 34}—Hale doubts that sabal, the saw palmetto, has any direct action on the muscular tissue of the prostate. It may, however, profoundly affect its nerve-supply, as does cornsilk, or hyoscyamus. Moreover, he believes that it may act on the glands of the prostate, as it does on those of the throat, by actual contact, primarily to stimulate and irritate in large doses, secondarily as a sedative in small doses. In acute or chronic prostatitis that organ becomes enlarged, because of the irritation of its glandular structure and of the mucous and sub-mucous tissue with which it lies in contact. Sabal probably removes this irritation and allows the congested prostate to resume its normal size—if

actual induration with hypertrophy has not obtained, in which case he doubts if any drug will cure. This view may explain the success which has attended the use of sabal in cases where the prostate is supposed to be diseased.

Dr. Mullins, in the remarks preceding his reported proving, gives the following indications: "Enlarged prostate, with throbbing, aching, dull pains, and discharge of prostatic juice. At times discharge of mucus, also a yellowish fluid. (The latter symptoms show its power over mucous membranes, when cystitis has followed as a secondary condition depending on an irritable and enlarged prostate as a primary cause.)" This must be largely theoretical, based on clinical observation, for we have no record that sabal has caused enlarged prostate or many of the other symptoms he mentions. Nor has it caused orchitis, orchalgia, impotency, etc., from enlarged prostate.

A Sulphur Picture.—The graphic method of teaching materia medica is well illustrated by Dr. G. G. Shelton² in a paper from which the following picture is taken: In the first cot we see a child, a girl. The hair is short and red. The face is pale. The lips are dry and cracked, the nose is big, the mouth open, the eyelids are red; there are sores about the ears, scales in the hair, little blotches everywhere. The face is clean in spots, for the nurse has done her duty. The fingers are coarse, the nails are dirty; from the nostrils a little pus-like mucus oozes. The expression is one of anxiety, of suffering. The child's face is an animated interrogation; all over it is written the question, "If I am so soon done for, I wonder what I was begun for?" You draw nearer the child; she instinctively draws away. Notwithstanding you have put on your sweetest smile—a possible explanation—she begins to cry and scream, and resents most willfully all your efforts at conciliation. But you finally get a half consent, and she lets you approach, always suspicious. You suddenly find yourself near enough, for odors, not of the sweet perfumes that you love, but that resemble more nearly "the seven distinct kind of stinks that mark the River Rhine." But you have long since become accustomed to this, and you try to take her hand; after some calisthenics you succeed. It is snatched away. In

anger? Partly so; she has use for that hand. You watch her, and she will be scratching herself on some portion of her body; but enough of this. A cheap frame, a dark corner, no matter how dark, you cannot hide the artist's name. Sulphur is written all over the canvas, so distinctly and clearly that you recognize it at a glance.

Birch Leaves A DIURETIC.^{3*}—Professor Winternitz's attention was called to the leaves by a female patient, whose dropsy, due to kidney disease, was cured by them after every other diuretic had been tried in vain. Twenty-four hours after the first dose the secretion of urine becomes very abundant (in many cases the urine increases from 300-400 cc. to 2000-2500 c.c. pro die), and continues as long as the tea is taken. The albumin, epithelial cells, cylinders, etc., become less, and then disappear completely; and it is worthy of note that, though the increase in the urinary secretion is so enormous, no symptoms of irritation (of the renal parenchyma) have been noticed in a single case. Professor W. recommends an infusion made by macerating three ounce of the leaves in about a pint of hot water for two hours, to be drunk in three portions during the day. The leaves must be gathered in spring and dried in cool, airy rooms.

Arnica IN CHOREA AFTER TRAUMATISM.—Dr. A. M. Sprague, in *The Big Four*, tells of chorea in a boy of twelve, during whose waking hours every muscle of his body was in constant motion, so that he could not talk or feed himself. From an allopath he received opium and bromide of potassium, which seemed to nearly set him crazy. Dr. Sprague gave bell. 12x for thirty-six hours, with only slight temporary improvement.

"His mother now told me that some time before he took down sick he got a fall by being thrown in a scuffle with another boy, and that he turned black in the face, and they thought he was dead. I now gave arnica 6x, and wrote to my friend in Chicago, who wrote and recommended arnica 30x and hypericum. The boy improved from the first dose, and when I got the Professor's letter I gave arnica 30x, one dose (had given one of the 6th before), sac. lac. for one week, and boy was talking and running all

over town. Three doses of arnica cured him. I found a red spot swollen on the back of his neck. A cloth wet with diluted arnica was applied, and it soon got well."

The Viruses of Tuberculosis.—Dr. Francois Cartier^o discusses the use and indications of the three viruses, Koch's lymph, bacillinum, and avian tuberculin. He finds that few characteristic symptoms are obtainable from them, and decides that it is more wise to guide one's self in the homeopathic application of the therapeutics by the clinical symptoms of the evolution of the various tuberculosis, than by the intoxication produced by their active products, the tuberculins. Koch's lymph he has not used, but cites reports of its successful use in nephritis, tuberculosis, and pneumonia.

He regards bacillinum as owing its efficacy to its constituent products, the suppurative microbes, as well as Koch's bacillus. He considers it a powerful moderator of the muco-purulent secretion of consumption. While diminishing the secretion it modifies the auscultation; there is less thick sputum, the cavities are drier, the peri-tuberculosis congestion less intense. The clinical symptoms follow those of the auscultation; as the patient expectorates less he is less feeble, coughs less, gains strength, and regains his spirits; but the tubercle remains untouched. The peri-tuberculous congestion only is diminished, as one may observe with the naked eye when Koch's lymph is employed in the amelioration of lupus. The peri-tuberculous inflammation disappears; the skin seems healthy, but the yellow tubercle remains as it was, and the patient is still uncured.

The peculiar characteristics which indicate bacillinum for non-tuberculous maladies of the respiratory organs are, in his opinion, the two following: The first is oppression; the second, muco-purulent expectoration. These two phenomena show themselves always in the last stage of tuberculosis; that is to say, together with the products contained in the preparation of bacillinum. Dyspnoea resulting from bronchial and pulmonary obstruction caused by a superabundant secretion from the mucous membrane is marvelously relieved by bacillinum. He put forward this fact, not on the evidence of a single isolated observation, but on that of several cases

conscientiously studied. Such expectoration leads to the auscultation of sub-crepitant râles, sounding liquid and gurgling, having some analogy to the moist sounds of tuberculosis.

Bacillinum is a drug for old people, or, at any rate, for those whose lungs are old; for those chronically catarrhal, or whose pulmonary circulation is enfeebled without regard to the age of the subject; for those who have dyspnoea, and who cough with difficulty from inaction of the respiratory ducts; for the humid asthmatic, the bronchorrheal, who feel suffocated at night; and, finally, for those who, after taking cold, are straightway attacked with pulmonary congestion.

Neither does aviaire cure consumption. He considers it indicated when, after some weakening malady, with an incessant tickling and stubborn cough; with certain closely localized pulmonary symptoms; with a loss of strength and appetite; in a word, where there is bronchitis whose upshot is highly doubtful, and which causes apprehension of tuberculosis.

Sticta Pulmonaria IN RHEUMATISM.—Dr. Elias C. Price²² had often noticed, when using sticta in rheumatism, a spot of inflammation and redness over the affected joint, which resembled the hectic cheek in consumption. He began to regard it as an indication for sticta.

In 1869 he was called to see a boy seven or eight years old who was suffering with acute rheumatism of one knee, ankle, toes, wrist, and fingers; also valvular disease of the heart, the result of an attack one year before. There was pain and stiffness of the joints; inflammation and redness of affected parts.

"In this case the first prescription was acon. and sulph. Next day no better; prescribed sticta one part to nine of dilute alcohol, ten drops of this in half a glass of water and gave one teaspoonful every hour. The next day there was a considerable quantity of fluid discovered in the knee-joint, but otherwise the patient was better. I concluded to give the sticta one or two days longer to reduce the inflammation and then follow it with sulphur. The next day one-half of the fluid had disappeared; I continued the sticta. The following day all the fluid had disappeared, and as the patient was in every way better I continued the sticta, and in

nine days dismissed him cured. The winter before he was under the care of three different homeopathic physicians (who always stick to the old remedies), about four months."

Dr. Price had many other cases cured by sticta alone, except a few scrofulous patients to whom sulphur was given as an intercurrent. In chronic cases sticta is entirely useless.

Senecio Aureus.—Dr. A. S. Marcy observes that the chief use of this remedy has been in the regulation of the menstruation functions. It can be truly said of senecio that it is a "female regulator"; the lines are clear cut and closely drawn; the result is prompt, when used by indications herein laid down. This remedy when better known will be used in cases where pulsat. has heretofore been employed. There is the same general coldness, a nervous, restless, sleepless condition, debility, nausea, impotency, a feeling as if menses would appear. All conditions hang on this great function, "the menses." If this function is not abnormal, do not look to this remedy as a cure for your patient. In cases where menstruation has never been established, or where the periods are very irregular, either early or delayed, or flow may be scant, or profuse, of too long duration, or ceasing entirely, with or without cramps and pain, and very often with painful urination, whatever may be the combination and its train of attendant symptoms, senecio covers all and will restore health where it is possible, the cure all depending on correcting this morbid and deranged condition of the menstruation.

Hyoscyamine IN PARALYSIS AGITANS.¹⁹—Hyoscyamine is coming to the front with promise of relief for this disease, which has long been looked upon as a *bête noire* of the profession. Notwithstanding favorable results from the administration of a remedy by no means justifies a claim for it as a specific, yet the experience of Chalmers of Chicago is a sufficient warrant for a test of the drug in similar cases. The first case was that of a clergyman, where the shaking of the head and the right upper and lower extremity had been on the increase for four years. A drop of solution of hydrobromide of hyoscyamine, two grains to the ounce, was put into the eye; in twenty minutes the shaking had entirely ceased, and at the end of three-quarters

of an hour speech was difficult and the patient unable to rise from his chair. This partial paralysis gradually disappeared, there being no return of the shaking for several hours. In this case the use of a solution of one grain to the ounce was sufficient, applied at stated times, to keep the patient entirely comfortable. Even a temporary relief obtained without injury to the system will be hailed with gratitude.

Ferratin IN TUBERCULOSIS.—Dr. W. T. Parker, in a paper on "Normal Horse-blood Serum in the Treatment of Tuberculosis," read before the Section of State Medicine at the June, 1897, meeting of the American Medical Association, speaking of the treatment of tuberculosis, says:

"In those cases where tuberculosis has been successfully treated by therapeutic methods, iron has been the most valuable remedy. As everyone knows the preparations of iron are very numerous, some of them positively harmful, others inert and useless, while a few are capable of being readily assimilated. Of this kind ferratin is one of the new remedies recommended by the committee of revision for adoption into the new fifth edition of the Russian Pharmacopeia (*Chemiker Zeitung*, 31, 1897).

"This is an organic iron compound of albumin and tartrate of iron, forming a definite iron albuminic acid; it contains seven per cent of iron, is readily absorbable, does not constipate, and has no untoward effects. On the testimony of its discoverer and others it is identical with the natural ferruginous element of food, absorbed in the system and stored in the liver and other organs as a reserve iron for blood formation (*Journal American Medical Assoc.*). Lately this preparation has attracted considerable attention, not only in Europe, but in this country."

Hydrocyanic Acid AN ANTIDOTE TO CHLOROFORM.—Hobday.²⁰—Having observed that the respiratory center is usually paralyzed first when death occurred during chloroform anæsthesia, I thought hydrocyanic acid might prove of service as an antidote where the breathing was becoming shallow and weak, on account of the rapid and powerful temporary exciting effect this drug exerts on the respiratory center. This led me to experiment, and in thirty-one cases the administration of hydrocyanic acid

successfully combated chloroform poisoning in dogs. In eleven instances the treatment was unsuccessful. These observations lead fairly to the conclusion that hydrocyanic acid is of value as an antidote to chloroform, its beneficial effects being due to its property (when given in certain doses) of rapidly and violently stimulating and exciting temporarily the respiratory and cardiac centers, and so counteracting the depressant and paralyzing effects of chloroform. The drug should be placed on the back of the tongue or injected hypodermically. In all the cases Scheele's acid was used, on account of its strength and consequent rapidity of action. For animals I consider one minim of Scheele's acid for every seven or eight pounds of body weight a fair average dose. It is well not to be too anxious to administer a second dose till perfectly sure the first has been futile. The question may be raised as to the proportion of cases that would have recovered under artificial respiration alone, but my observations lead me to believe that the use of the acid gives an enormously higher proportion of successes.

Thuja IN VERRUCOUS TUMOR.—Dr. Candy^{6,9} was consulted by a lady who presented a verrucous tumor of the neck attached by a small pedicle. It was of the size of one's thumb, and if pulled caused a pain to shoot through the side of the head. She suffered occasionally from lancinating pains commencing in the growth and radiating into neck and head or down into chest. It was impossible to rest on that side. Thuja 6th was given internally, and one tenth solution of the tincture in almond oil applied locally. After a few days the growth became flaccid and pale, and after a fortnight it fell off, without pain, together with several smaller tumors of the same character. The pains also left her.

Anacardium, RELIEF FROM EATING.—There are four homeopathic remedies which show an improvement after eating. Dr. Dahlke⁹ describes a cure in which we again find the symptom. The ailment disappears during dinner, but returns after two hours. A man aged thirty-one years had for several years been troubled in his stomach. In the last three weeks there had been an essential aggravation. Three or four times a day he had an attack of pains, a sensation of fullness and constriction, taking his

breath away; this lasted for a quarter to half an hour; he would then sit bent double and press on his abdomen. Sometimes there is a sensation of weakness in his abdomen, as if it would drop down; there is no vomiting, but loud eructations; lack of appetite; constipation. The pain is alleviated for some time by eating, he therefore purposely eats more frequently. There is nothing that can be authenticated, except a sensitiveness to pressure in the pit of the stomach. In the last two weeks he has lost ten pounds of his weight. On the 13th of October, 1894, he received anacardium 6th, twice a day. On January 29, 1895, he called on me on account of his sister. He reported that he had had no further trouble in his stomach.

Rhododendron ^θ IN RHEUMATIC HEADACHE.—Dr. E. V. Moffat^{4,20}.—Child æt. ten years. Gouty heredity marked. Has suffered for several years, and being in a wealthy New York family has had some of the most prominent old-school physicians. All tried various means to eliminate uric acid, but nothing cured. Well during summer, but for several years has suffered intensely during winter months. Last year the pains were general and shifting—sometimes sciatica, sometimes intercostal—but in bad weather never absent. This fall it took the form of prostrating headache, incapacitating her for school work or any active life while they lasted. Eyes were found normal in every way. Pathogenetic symptoms: While the sun shone she was comfortable. If it stormed or threatened storm she was miserable. If she had a headache on a stormy day and the sun came out, in ten minutes she was relieved. If the rain or snow returned, at once the headache reappeared. Remarks: A cold day, especially if damp, was almost as bad as a storm, but in warm weather she was always free from suffering. Rhododendron ^θ, first a few drops in a glass of water, gradually increasing to five drops ^θ t. i. d., has in three weeks perfectly cured her to all present appearances. She never thinks of minding the weather or missing school. It has apparently acted as the best of tonics, restoring color, strength, spirits, and animation.

Malaria as a Medicine.—G. W. Bowen, M. D.^{4,9}—Some years ago I made a careful study of malaria, making many experiments with it,

and found it to be of great value as a medicine. A partial proving was made of it, and it was shown that it would not only produce malarial fevers, but also typhoid and rheumatism. I used it quite extensively for all forms of fevers, and disturbances of the liver, spleen, and kidneys. A paper was prepared and presented to the Indiana Institute of Homeopathy, showing results obtained by my experience with it. That paper was copied into several journals, and caused many to apply to me for malaria. My stock was soon exhausted, and to supply others Boericke & Tafel of Philadelphia was induced to prepare a fresh supply. This they have done according to my directions, and they have sent me a nice preparation. I have used it quite extensively, and am surprised at results obtained from it, as it does more than was expected from it. If the case seems to be due to the weather, from a former fever, or from rheumatism, I venture to give it (in the first, second, or third dilution) and beneficial results are soon seen from it. Later, cases will be reported, but until then, would advise doctors to try it, and they will be disposed to question *why* such an element of evil, an untutored savage like malaria, has not been tamed before, and made to serve as an ally, and used as a means of restoration to health.

One thing should be remembered, in giving malaria as a medicine, the patient should not be allowed to use coffee, as it is a direct antidote.

Baptisia IN CONVULSIVE CONTRACTION OF THE ESOPHAGUS.—Schweitzer Volksarst, 7th.—September 10.—I saw a well-nourished and ruddy-looking old man of seventy years who had suffered for the last five months with convulsive contraction of the esophagus and cardiac orifice, so that at times the fluid-food would remain in the stomach, and easily regurgitate. Some days the fluid-food entered the stomach without hindrance, and digested well. At other days patient was compelled to be fed by means of an esophagus bougie. I could not find any diseased state; only that patient admitted that he always liked to eat very hot food. On examination I found the mucous membrane of the esophagus very much reddened and granulated.

Baptisia 12th, few powders, one to be dissolved in a half a glass of water, three to four doses

per day. In course of a week I received information that three days after taking the remedy food entered the stomach without difficulty, and patient considers himself well.

Eupatorium Perf. IN SUPPRESSED MALARIA.—Dr. H. R. Stout²⁰ combats the idea that quinine is essential in malaria. Cases in which quinine has suppressed but not cured are commonly referred to him.

A young lady who came south for grippe took cold and had a sharp attack of pneumonia, followed during the convalescence by a hepatitis. During both diseases her temperature would be higher between 9 A. M. and 4 P. M. with little fever in the morning and night. Made suspicious, the doctor discovered a very slight daily rigor between 8 and 9 A. M. After the hepatitis had subsided ipecac was given to develop the latent intermittent. It developed to perfection into a very trying case, cured by eupatorium perf. in potencies from the 3x to the 200th. The previous history showed for the past year or two occasional attacks of intermittent suppressed by quinine. She had been listless, with poor appetite, frequent pain and soreness in the region of the liver, constipation, etc.

Remedies in Dysuria.—In running down a drug for a patient suffering from dysuria, Dr. L. M. Stanton⁸ collected this comparison, supplemented by Dr. W. M. James.

Canth. Burning at the end of scanty urination. Frequent micturition of scanty watery urine at first, with pain, and toward the close with cutting. Frequent urging, with scanty urine, and toward end of micturition pressing pain in base of urethra extending to orifice.

Equisetum-hyemale. Dysuria of women, with extreme and frequent urging to urinate, with severe pain, especially immediately after urine is voided.

Mez. Biting burning in forepart of urethra at close of micturition.

Petrol. Cutting in neck of bladder, at the beginning and close of micturition.

Phos. At close of micturition and after it, a smarting pain in glans.

Sars. Much pain at conclusion of passing water, almost unbearable.

Sulph. Cutting, as if the urine were acrid, at close of micturition and afterward.

Sepia. If the desire to urinate is not at once satisfied, a spasm occurs with trembling and shivering.

Sulphuric-acid. If the desire to urinate is not soon satisfied there is pain in the bladder.

Causticum. After urinating, smarting as if from salt in the pudendum.

Phytolacca. Pain in the region of the bladder before and during urination.

Sathyrus Sativus PROVINGS.—Dr. C. Bojanus^{9, 30} mentions the following symptoms which were observed in persons who ate food containing the sathyrus sat. :

"First of all he felt a weakness in the legs, heaviness in the gait, temporary tremor in the legs, principally in the night, cold feet; succeeded by tremor in the hands, though not as strong as the tremor in the legs. About a week later he felt a strong pressure upon the bladder, a strong and frequent wish of urinating; he had to make haste, otherwise the urine passed of itself, and with such force that it spouted out. Weakness, tremor, and heaviness of the lower extremities increased gradually, so that after two months he could only move if leaning on some support."

There are five cases given and, as said above, they all presented practically the same symptoms.

A Eupatorium Perf. CASE.—E. J. Kendall, M. D.¹⁵—March 9, 1897, Mr. D., aged about forty, black hair and eyes, complained of great nervousness: startled by the least noise; hands trembled. Had been in that condition a long time. About three weeks before consulting me, had a chill. Came about 7 P. M. and lasted until 9 P. M., followed by sweat; thirsty during both chill and sweat. Hands were dry, feet burned, burning in eyes, had a presentiment that some calamity was about to happen.

On going into the history of the case, he said that about five years ago, in Peoria, Ill., he had an attack of malaria, for which he was given large doses of quinine and Fowler Solution of Arsenic, and other drugs, and that he had not felt well since.

The only symptoms of the attack of malaria five years ago that he could remember were great thirst during chill, and intense aching in the bones.

Gave him eup. perf. in cm. potency, one dose on tongue. Gave him also a bottle of placebo. At the end of a week he returned and asked for "another bottle of those pills." He reported that he was feeling a great deal better, that he was not nearly so nervous, and that he had no more chills. Gave him another bottle of placebo. By the time he had taken that he was well and has remained so ever since.

The point is, that five years ago his symptoms indicated eup. perf. Apparently he was not given that remedy, but, instead, was dosed with large doses of quinine, arsenic, and other drugs, which did not cure. And it was only after all those years of more or less suffering that he received a dose of the remedy called for by the symptoms and was speedily restored to health.

Cocculus Ind.—Dr. C. M. Bojer¹⁵ was lately called in consultation in a case denominated typhoid fever by the attending physician. The sickness had lasted over a week and now presented the following picture :

Stiffness and rigidity of the neck, trembling of lower jaw, alternating with periods of absolute trismus, retention of urine, desire to escape from the bed, spasmodic motions of different muscles of the face, can swallow only a few drops of water at long intervals, no sleep.

I suggested cocc. ind., which was given in the 12th decimal potency, and the next morning had the pleasure of seeing him open his mouth. And all the other symptoms gradually disappeared in spite of a previous unfavorable prognosis by his attendant.

Polyporus Off. IN INTERMITTENT FEVER.—Dr. C. M. Bojer¹⁵ describes the cure in two days of the following symptoms by polyporus off. 200th.

Chills, varying, usually, two, sometimes three, daily. Single diurnal paroxysms were invariably followed by a nocturnal one between twelve and one o'clock.

Chills begin in calves and over shin bones, first on one side and then on the other, thence creeping upward, with shaking; better by heat of fire; no thirst.

Heat begins in feet, is accompanied by aching in neck, vertex, and bones; is thirsty.

Sweat universal, but much more profuse on

neck and forehead. It relieves all the aches, but it leaves her weak and nervous.

During apyrexia, diarrhea, with large light yellow, foamy stools, preceded by straining; worse after midnight.

The patient, a blonde, aged nineteen, had passed through a severe attack of measles two weeks previously, and had suffered from the *ague* for five days.

Cocaine.—Magnan¹⁹ described as a characteristic symptom of cocaine poisoning an hallucination which consisted of a sensation as if foreign bodies were under the skin, generally small, round substances like grains of sand.

Korsakoff reported the case of a woman suffering from multiple neuritis, who complained of a sensation as if a worm were under the skin. This woman was being treated at the same time for uterine affection by means of vaginal tampons containing cocaine. A discontinuance of these caused the subcutaneous sensation to disappear.

Opium, SKIN SYMPTOMS OF.—Dr. H. A. Hare²⁰ says of the skin manifestations of opium:

"Opium, on the other hand, is not usually suspected of causing eruptions on the skin. As a rule, the eruptions produced by it are limited to the face, but sometimes they are generalized. More commonly they are true erythemata and sometimes scarlatinal in type. In some cases there may be great redness of the skin, abundant sweating, acceleration of the pulse, heat of the skin. According to Brugisser, these symptoms often ensue after small doses, such as 10 drops of laudanum. In the great majority of these cases the eruption ends in desquamation, and it may be furfuraceous or in large plaques, according to Lanz, and resemble in every particular the desquamation of scarlet fever. In one case seen by Guinard the desquamation lasted over a period of eight days. These opium eruptions are not only produced by the single dose, but in some cases each subsequent dose so results. Thus Berenguier reports the case of a patient who had an eruption three times in one week from the use of doses of opium, and Brugisser records the case of a patient who developed an eruption on one leg from the use of 4 grains of Dover's

powder, another eruption the next day from another dose of 1 grain of Dover's powder, and a third eruption after 5 drops of laudanum. Deschamp and Apolant do likewise."

Lycopodium IN NEURALGIA.²¹—The following excellent case is a translation from Dr. Goullon of Weimar: H., fifty-five years old, took sick last February with a severe neuralgia, which he had repeatedly experienced during last spring. It begins as a dull pressure in the right side below the last rib, near the vertebral column; the increasing pains radiate forward into the abdomen, simulating enteralgia, or into the back. Characteristic is the increasing impossibility to lie down; he turns and twists, and finds the most relief in the knee-elbow position. Sleep is impossible, as the pains continue nearly all through the night. Micturition and vomiting of acid and bitter stuff, taste bilious and bitter, with disgust for all food. As mental complication may be mentioned excessive irritability, as our otherwise gentlemanly patient swears like a trooper—a thing unusual with him. Constipation for several days, till intestinal functions show returning activity again by the passage of some inodorous flatus. He probably caught cold during the inclement snow weather, aggravated by an acute gastric catarrh, so that digestion is at a low ebb, and he is disgusted with himself and wishes to be left alone, moaning continually and damning his pains and every other thing. On the second day of his suffering an acute vesical catarrh set in, with fever and nocturnal palpitations (probably from the use of cold beer, or by radiation from the original point of the disease). The patient had to get up thirty or forty times during the night, with tenesmus and intense burning pain during and after micturition, as if hot lead passed through the urethra. The scanty urine was murky, brown, dirty-red, thick, and of a moldy odor. *Lycopodium*^{12c}, 6 drops in half a glass of water, was prescribed, a teaspoonful every three hours, producing very soon a copious, though still painful urination, which ceased with the copious passage of more urine, and soon old Richard was himself again.

Kali Manganicum.—Dr. Oscoe^{6,20} presented for inspection before the New York Academy of Pathological Science "a six-year-old boy. The

history of the case was given as that of a general tubercular condition affecting particularly the cerebro-spinal membranes, and later the apex of the right lung. Finally the whole upper lobe was involved, and the doctor detected the presence of a cavity the size of a lemon. Permanganate of potash was prescribed, at first in doses of $\frac{1}{2}$ gr.; but, this causing vomiting, it was reduced to $\frac{1}{3}$ gr. When this treatment was instituted, the child was very weak, extremely emaciated, and indeed regarded as being in an absolute dying condition. Under the kali permang. he began to improve, and is now practically well. There are no mucous râles. The remedy was continued twice a day for fully six months."

Tellurium IN CEREBRAL CONCUSSION.—Dr. J. T. Kent¹² reported the case of a boy of four who slid down the banisters and struck his head on a tiled floor. "I was absent when sent for and a surgeon living near me was called in in haste and remained in attendance, as they did not like to stop him, so that I did not see the case for two or three days. Immediately after the fall the child became unconscious and remained so. A clear white watery discharge started from the ear, and this, the surgeon said, was cerebro-spinal fluid which was pouring from a fracture in the base of the skull that lead to the ear; that was his opinion. The child remained unconscious and the surgeon gave no hope of recovery, saying that the child would surely die. Finally I was sent for and found the child very pale, unconscious, with stertorous breathing, and that discharge was flowing, drip-dripping like clear water from the ear on to the pillow, and the water that was flowing out of the ear (I do not say where it came from) was forming little vesicles. It seemed to be acrid enough to form vesicles. The ear was red, and wherever the discharge came in contact with the skin the part became red. That was all there was about it. I could not see any more. My first thought was to give arnica. But I did not. I gave him one dose of tellurium. In two hours the child vomited. That discharge gradually ceased, recovery took place, and in two weeks the child was perfectly well. What did the tellurium have to do with it? There was a discharge from an injury. Tellurium without any injury produces just such

a discharge as that, and we know that the tellurium discharge is not cerebro-spinal fluid, at least we have no reason to suppose it is. The first action of the remedy I observed was the child's vomiting, showing reaction. It is laid down in all the books that after concussion if vomiting takes place it is considered a reaction and the case will probably recover."

Tabacum IN SEASICKNESS.—Dr. J. T. Kent¹² has had some most astonishing results from tabacum used for seasickness, based upon the close resemblance between that malady and the provings of the drug. One case of a business man who makes two or three transatlantic trips each year, with former constant and severe illness, has of late been infallibly relieved by one powder of tabacum 70 m. He can take his meals all the way over. Car sickness is also often relieved by tabacum. Other remedies often useful are petroleum and cocculus, but tabacum is a broad remedy that seems to cover most of the symptoms. Dr. Kent never uses the remedy lower than the 70 m.

Æsculus Hippocastanum FOR HEMORRHOIDS.—An item has been recently going the rounds of the old-school journals exploiting the "discovery" by Artault of the value of the fluid extract of æsculus hipp. in painful and hemorrhagic attacks of hemorrhoids. He has used it in twenty-one cases without failure, but in two caused a recurrence of the menstrual flow ten days after its cessation.

Amusing as it is to read of this as a "discovery" just being made known to the profession, it is still more entertaining to see the "discovery" cited as an example of the value of drugs introduced by empirical methods, as did one editor. He will be surprised to learn that for over fifty years that valuable remedy has been prescribed *scientifically* for hemorrhoids, its indications being based upon clear and repeatedly verified provings. Furthermore he and other followers of the empirical suggestions of Artault will soon give up the use of the drug in disgust, unless they learn and observe the indications which make its use scientific and limited to appropriate cases.

Poisoning by Trional.—A case is reported³⁷ in which a man suffering from morphinomania, and who was accustomed to employ morphine

daily received gradually 20 grains of trional mercuro-muriatic during a period of two months, or, in other words exactly, 20 grains in twenty-six days. After one month the patient found relief in his stool, and was in a condition of permanent health. He could not discontinue support himself, and the movements of his heart and other extremities were exceedingly weak. There was tremor of the tongue, the lower limbs, and the muscles of the face. The skin was pale and altered. In attempting to stand the vertebres were transposed, or in attempting to walk they were so dislocated as to make the walking very intricate. There was profuse night sweats, depression, and general intellectual feebleness, with involuntary salivage at times.

Sulphate of Sodium as a Hemostatic.—Kerolam, in a paper read before the French Surgical Association, advocates the employment of the sulphate of sodium as a hemostatic. He has employed it a number of times successfully; it is used in small doses (10 centigrams—gr. $\frac{1}{12}$) every hour, in dangerous capillary hemorrhage caused by sprains, or traumatic origin. As an example, after the removal of a subcutaneous benign tumor, there followed a hemorrhage which resisted all treatment for eight weeks. The same was true in other cases of traumatic origin, and also in cases of menorrhagia.

This remedy was used by Kussmaul, and is the most popular in the north of Germany in cases of hemorrhage.

Experimental and clinical observation on the author determined that this drug should be given by the mouth only, as it is ineffectual when used in subcutaneous injections.

Bufo rana 3 and 9 m. in Cholera.—Dr. Hyman Mastis.—A man, at twenty-six. Healthy appearance. Had been examined and (pretended) for by several prominent practitioners of book shops, without relief. He came in a rather perfect despair. Fatigue, etc. symptoms of dyspepsia. Aversion to society. Sadness, with apprehension. Anxious about his state of health. Afraid he will die or that some other misfortune will happen to him. Nervous, excessive irritability. Dry cough. Thick cough, especially on waking in the morning and at evening. Congestion of the chest and after meals or

any emotion. Deep hollow cough. Seems as if a great quantity of mucus obstructs the larynx and trachea. Remarks: Bufo rana 3 three doses per day, for one week. For the next two weeks the same 3 m. three a week, complete cure.

Ferratin in AMENORRHEA.—In a clinical report on the value of ferratin in anemic conditions, Dr. C. Earle Williams reports the following interesting case, typical of frequent occurrences in general practice: "T. P., age nineteen. Came under my treatment May 10, 1897. She had not menstruated for five months. Her complexion was chlorotic, with large dark rings around her eyes. There was dyspnoea and pallor on the slightest exertion, constipation sometimes lasting seven days. Vicarious secretion was represented by frequent nose bleed. Blood count showed red cells 3,000,000, hemoglobin 50 per cent. She was placed on ferratin, gr. viij, four times daily, combined with perfect rest. June 15: great improvement in every way. Red cells 3,700,000 per ccm., hemoglobin 65 per cent. The dose was increased to gr. xij, four times a day, intermittingly until August 1, resulting in complete recovery. All the distressing symptoms had left and menstruation returned.

Tartarus Stibiatus in Nocturnal Cough.—Dr. Goullet tells of a patient suffering from severe valvular heart disease and Basedow's disease, who had a night cough which she thus described:

"This is now the fourth night which I have spent so miserably. During the day it is endurable, but as soon as I go to bed the cough appears, a sort of convulsive cough, even when I sit high up in bed. The expectoration is frothy and capacious; in its center is a firm, yellow, blood-streaked, salty nucleus, and it is torn off from the point beneath the chest where the cough starts, which point is painful. The expectoration is preceded by a rattling, slightly wheezing sound, then a long, painful drawing. Between this intervenes heat and chill; also stitches, especially in the back, between the shoulders, or the nape of the neck, and in the arms. This morning when I arose I felt really ill, and was as if intoxicated. There is also total insomnia.

A powder of the 6x of tartar emetic was dis-

solved in water, and the first spoonful resulted in an entire night's sleep without a cough, in spite of a cold east wind.

Aconite in Fever from Supercaration.—Dr. P. Joumet¹ regards aconite, together with the sulphate of quinine, as the remedy for the treatment of leptic fevers. When the febrile movement is continuous during the paroxysm, administer aconite; while in the intervals of the fever the intermittent, ipecua sulphate is to be given. The angular rigidity, prostration even to collapse, the mixture of heat and cold, the redness and heat of the face as low as the beginning of the disease, the throbbing elevated temperature, the frequent pulse, and the appearance of one cheek red and the other pale—of evil omen—indicate aconite. It is over fifty years since clinical experience has demonstrated that aconite was efficacious in protracted fever; yet many times, when the febrile movement was intermittent, did one fall from postponing quinine during the paroxysm. Joumet regards Hughes as in error when he would reject aconite in septic fever.

The mother-tincture should be given in doses of 25 to 40 drops in 100 grains of water, one teaspoonful every two hours.

Quinine, *Ponsonnet* 80.—A case has been reported of a woman, forty-seven years old, to whom the physician was called because it was thought she had fallen into a fit. He found her prostrated, unable to speak, and with a pallor of countenance like that of impending death. On inquiry it was learned that the patient had taken before breakfast about two teaspoonfuls of quinine dissolved in acid, after which she vomited. The hands and feet were extremely pale and the pulse was quick and frequent—almost fluttering, small, thready and feeble. The heart beats though clear were wanting in strength, and were of a dull, subdued, metallic character. Hearing was entirely lost and vision was greatly impaired. For about eight hours the woman remained speechless and quiescent though not quite unconscious. At the end of this time she began to speak, while some color had returned to the cheeks and the action of the heart had become quieter and stronger. A sedative prescription insured a comfortable night, and on the following day the patient was much

improved, although still deaf, especially in the right ear. The pulse was large and cracked slightly. Perfect recovery ensued in the course of a few more days. In attending the onset of her symptoms the patient stated that she at first felt faint, dizzy, and was very sick; vomiting appeared in the evening and all over the body, and finally unconsciousness developed without pain.

Vinegar in Chronic Acid Dyspepsia.—Many will remember Dr. Edmund Garrod's recommendation of vinegar as a remedy for indigestion and vomiting. Dr. Garrod used it with Dr. Charles with the suggestion which led to its use in the following case:

The patient was a serious girl, aged sixteen. On August 1, 1895, a school year was called in to see her at 8:30 a. m. She was said to be "ill" and that she had vomited. She was like a person who has been sitting at the bottom. She had vomited during the night, it is stated, having a small bowl no farther and that was covered. She appeared to be coming round, and a "household draught" was administered. She was then sent home in a cab. She gradually got worse and another medical man who was paying the house was called in. He diagnosed catarrh and poisoning. Failing to make her or get her to swallow anything, he ordered her to be washed.

On admission at 11:15 she was quite unconscious, cyanosed and nearly pulseless. The face and tongue were discolored, and the lips had a slight catarrh and ulcer. I gave her a hypodermic injection of strychnine gr. i. Then, as she could not swallow, I used a soft stomach tube, and washed her out with vinegar and water (equal parts) following this up with other six parts of warm water. I then gave her $\frac{1}{2}$ milk and $\frac{1}{2}$ brandy, and left her to be attended. She was put into bed and kept warm.

She gradually regained consciousness, and could speak at 4 p. m. She was fed on Hager's Food and milk and tea and water for the next three days. She never vomited or complained of any pain. Catarrh was present for two days. It is now a year since it happened, and she has never felt any discomfort.

The long period of treatment needed, the rapid recovery with no discomfiting after-effects

I think, speak well for the vinegar, and I think it should be given a fair trial, as it is a remedy which can be obtained in any house.

Epilobium Hirsutum Poisoning.⁷³—W. E. P., aged three years, a well-developed boy, was admitted under the care of Dr. Oliver on August 5, 1897, in a state of complete coma and the subject of epileptiform convulsions following each other in rapid succession. He had been only a very short time ill. His temperature on admission was 100°F. It appears that immediately previous to his illness the boy, who had been quite well, had been playing with a little friend, and that they had in their possession a bunch of plants known as the hairy willow herb, some of the flowers of which the patient had eaten. Very shortly afterward the mother found the child unconscious and in convulsions. In this condition she brought him to the infirmary. There was no history and no mark of any injury; no albumin was found in the urine, and there was no discharge from either ear. The abdomen was distended, the pupils contracted, and the patient was in a state of complete collapse.

The stomach was at once washed out, bringing away remnants of food and a pink juice such as the flowers which the little fellow had in his hands gave on expression. An ounce of castor oil and 10 grains of potassium bromide were carried into the stomach by the tube, and within half an hour the fits ceased, and in about an hour the child regained consciousness. Next day, when seen by Dr. Oliver, the boy was heavy, and with difficulty roused. Some of the sleepiness was probably due to the bromide. Shortly after the bowels had been freely moved the patient became quite well.

(Another variety of the willow herb, the *epilobium palustre*, has been proved, and is recorded in Allen's Encyclopedia.)

Hyoscyamus IN PUERPERAL MANIA.—Dr. Craig. "The only case of this kind that ever came under my notice, although a very unpromising one, had a very satisfactory ending. The patient, a woman of about twenty-four, had been confined a week previous, and had shown symptoms of mania from the day of her confinement. I was called in counsel, because she had not slept during the week, and at this time she

had become violent and had driven the attending physician from the house with an uplifted chair, because she had overheard him inform her husband that he was about to give her a hypodermic injection of morphine.

I prescribed hyos. 3x without benefit, then the 2x, and finally the tincture, without any benefit whatever. I then administered a placebo to give me time to review the case, and, as I could make out nothing but a *hyoscyamus* case of it, I gave her the 200th of that drug in the afternoon of the third day, which made two weeks that she had been deprived of sleep. About nine o'clock she fell asleep, and did not awake until morning. After three or four days of improvement she became despondent, and wanted to get out of doors, when I changed the remedy to *pulsatilla*, and dismissed her cured within a few days.

This case had a hopeless look because of her family history: her grandfather had died in the insane asylum at Kalamazoo, Mich., and her mother and two aunts had each been insane, and for that reason the prompt response to the properly selected remedy and potency was gratifying.

There was one thing in this case that was noticeable, that I have frequently seen in other cases, and that is that a remedy may be indicated when the so-called leading symptom may be entirely absent. There was no disposition in this case for the patient to uncover herself, nor was there any indecency shown either by her language or actions, as there usually is when *hyos.* is indicated, but other symptoms, which I cannot now recall, decided in favor of this remedy with the results as I have stated.

Sepia IN WHOOPING COUGH.—Dr. T. S. Turner.^{7, 14}—I recall a most aggravated case in a child of about nine months. It was about the second week, and the case had grown worse from day to day, and when I saw it seemed a most hopeless one. While trying to get a little history it had another "coughing spell," and it "coughed the breath out of the body." There was no respiration of air, and that was why they thought every "spell" would be the last. *Sepia* 6x made a most brilliant cure. I have verified this symptom, and when we find that peculiar cough *sepia* will not disappoint us.

Epilepsy and Ferrum Hydrocyanate.

—Dr. J. M. Colburn reports, in the Big Four, the following very interesting case: "Was called three months ago to a well-to-do family in Kansas City, Kan., to cure what the family called 'convulsions' in a child. A thorough examination of the case proved the child to be suffering from epileptic attacks. The people having been believers in allopathic treatment, had the child cared for under this method, and I therefore resolved to remain neutral for a while, until all possible drug symptoms had been exhausted. I gave hygienic instructions and let the case rest a couple of weeks. I confess I did not observe during this time any drug symptoms nor any change. Meanwhile, however, I had closely studied all symptoms, and now treated the child according to homeopathic principles. Belladonna and nux vomica did some service in the 1x in alternation, the higher failing to have any effect; still, while the attacks seemed to grow less violent and often, yet the child suffered. I now prescribed ferrum hydrocyanate, 1x tablets, one grain tablet three times a day. I continued this treatment for three weeks, during which time the child remained free of attacks. It is now three months since I began giving the ferrum hydrocyanate, and I can report that the child has not had another attack. I give now one tablet every other day."

Malaria Officinalis.—Dr. G. W. Bowen⁹ has prepared and used as a remedy in diseases presumably due to malarial influences, water which has stood on decomposed vegetable matter for one, two, or three weeks, raised to the 1x dilution with alcohol. His reported cases are all of rheumatic troubles due to malaria. The best is the following:

"I was called to see I. S., aged fifty-five, a veteran and pensioner of the last war. He was poor and bronzed in color. Had not been able to walk for years. After repairing his heart, chest, stomach, and curing his piles and regulating his bowels he was content, yet he could not walk. Being assured that his back had been injured while in the army, and as his limbs would not move at his will and he could not walk alone or get up out of a chair, I gave him for a week *ruta graveolens* and *rhus tox.*, of

each the first cent., three hours apart. This enabled him to get up and down two steps alone to the kitchen. Then, concluding his trouble was all due to rheumatism and that was caused by malaria, I gave him two drams of No. 30 pellets of No. 2 form of malaria, first decimal, with orders to take ten pills three or four times a day. In one week he rode to my house and came up and down the steps alone. I gave him two drams more, and in five days he came to my office, having walked nearly three miles that morning alone. I need not say I was deeply surprised and could hardly believe it was all due to malaria. It certainly was, as nothing else was taken or applied. He has gained flesh and seems to be at least ten years younger than he was."

Arsenicum Jodatum IN CANCER.—Dr. Kruska.^{9, 29}—Mrs. G., forty-eight years old, on April 15, 1896, came under my treatment. Antecedently to this there had been excision of the left mamma, in a clinic, owing to cancer. I found a woman almost on her deathbed, the wounds from the operation were still suppurating, there were cancerous tumor far advanced in the right mamma, and in the skin of the trunk a countless number of nodules of the size of peas down to that of lentils; from her antecedents these were manifestly to be pronounced cancerous nodules. For the last half year there had been vomiting daily whenever she took nourishment, and neither the clinical physician nor her private physician had been able to remove it with their allopathic therapy. I gave first of all tart. stib. 3 D. After three powders the vomiting ceased. Then the woman received arsen. jod. 6 D., and though she seemed on the point of dying, she visibly improved. Her appetite returned, her strength increased, in a few months she was able to resume her domestic occupations, could drive out, and also walk a considerable distance without any attendant trouble. At the end of November, 1896, Mrs. G. was afflicted with lead poisoning, and though very low in consequence was cured, and is at this day relatively well and hearty. The tumor in her right breast has not increased but rather diminished, the wounds resulting from the operation are healed, the nodules in the skin have largely passed away. The diagnosis of cancer

was absolutely established by microscopical examination.

Calotropis Gigantea IN SYPHILIS.—Dr. E. M. Gramm¹¹ noticed the similarity of the symptoms for which this drug was said to be useful and those that appear during the period of rest from a mercurial treatment of syphilis. Given in the tincture instead of a placebo, the progress of the case has been much more favorable. One of his cases is of Mrs. C., aged forty, who had been taking *mercurius iodatus ruber* for some time past for a syphilis of six months standing. She had a black streak along the middle of her tongue and a slightly increased amount of saliva. There was an enormous thickening of the free ends of all of her nails, and under the right thumb-nail a large moist papule had developed, causing her excruciating pain on using it. Her throat showed the reddening and the peculiar whitish or bluish-white pellicle on opposing faces of the tonsils, though they were not much enlarged. She had attacks of palpitation of the heart and felt quite weak when a warm spell of weather came. She had had a medium sized papular eruption which had faded under the treatment; but the other symptoms were steadily and aggravatingly becoming worse. *Calotropis* was prescribed, two number six disks beings given every three hours. They were saturated with equal parts of the tincture of the remedy and alcohol. In a week the tongue looked almost normal, the nails had improved very much, and a general feeling of returning health pervaded her. She was kept on the same treatment for five weeks, when an acute attack of cystitis caused the administration of *aconite* for a week. *Calotropis* was then given again for a week. An ultimate cure of the nail lesions resulted and a very decided improvement of the general health occurred.

Boracic Acid Poisoning by Absorption.—Dr. A. G. Hall¹² describes the cutaneous manifestations produced by the absorption of boracic acid when absorbed from surgical dressings. In one fatal case, boracic acid had been used to dress extensive burns of the trunk and limbs of a boy of eight. Four days later a rash appeared all over the body and limbs. It was of a bright scarlet color, erythematous, punctiform in places, in others running into

irregular patches, giving a mottled appearance to the skin. The palms and soles were intensely red, looking as though they had been painted over with red paint. At the edges of the burns the erythema was well marked. There was no sore throat, no catarrh, the tongue was dry and glazed; temperature 102°. No medicine was being taken internally, and the wounds seemed perfectly healthy. I was asked to say whether the case was one of scarlatina or not. I did not think that it was for the following reasons: (1) There was no sore throat; (2) the temperature had not suddenly risen; (3) there had been no vomiting or rigor; (4) the intensity of the rash at its onset. I thought it was possibly a quinine rash, and made careful inquiries as to drugs, but, as I told you before, with negative results. The boy got steadily worse, the rash became more vivid, the temperature fell, the conjunctiva became inflamed and covered with secretion, and the boy died semi-delirious on September 9. An autopsy was made the next day, and nothing abnormal found except a few petechiæ at the pylorus and a commencing duodenal ulcer. The recorded history of similar cases, and subsequent cases in his own experience, in which boracic acid was found in the urine, prove the source of the poison in this case.

Borax IN LEUCORRHEA.¹⁴—A victim of leucorrhœa of a year's standing, who had endured a long course of tampons and douches without relief, presented herself to Dr. Wilson A. Smith last spring. It had been diagnosed areolar hyperplasia and ulceration of the cervix. An examination presented a red, inflamed mucous membrane, partly covered with a secretion resembling the white of an egg. She said that it made her sore, and that she was worse just before and after the menstrual flux. It was accompanied with a sensation as of a hot fluid running down the thighs, and she complained of a sticking pain in the clitoris at night. The menses were too soon and too profuse, although she never thought of them as being like a flooding. She was exhausted during the flow.

The guiding symptom in this case was the stitch in the clitoris at night, a characteristic of borax. Upon searching all the other symptoms

were found under this drug, and she was cured with but five powders of the medicine, and, strange as it may appear, was cured to stay cured. Nearly four months have elapsed and not a single appearance of a discharge except the normal menstrual flow has been noticed since that date.

Dr. Smith concludes that in gathering symptoms it is not enough to find that the patient is despondent, but when; that she has leucorrhea, but of what kind; that she has a discharge, but when it is aggravated; and when all these things are found out then we can select the remedy which will do the patient good, and the doctor also.

Syzygium Jambolanum IN DIABETES.³⁷—

In the experiments made by various observers, the action of this plant has been shown in the most marked manner. In dogs in which the pancreas had been removed the quantity of sugar diminished notably under the influence of the liquid extract of this plant. Before the treatment the quantity of sugar was 7.27 per cent., and five days after the treatment was begun the quantity had fallen to 3.65 per cent.; furthermore, even after the complete suspension of the treatment, the quantity of sugar never returned to the former number and varied between 6.15 per cent. and 2.8 per cent.

Hildenbrandt, who sought the cause of this diminution, reached the conclusion that the *syzygium jambolanum* diminished the formation of the sugar at the expense of the starchy substances in the gastro-intestinal canal and of the glycogen in the tissues.

Posner and Epenstein report three cases in which this treatment diminished the quantity of sugar, ameliorated the general condition, and retarded the decrease in weight.

Raimondi, Rossi, Vix, and Grasset also obtained very satisfying results with this plant. Lenné, on the contrary, obtained no favorable results; in five cases he administered 150 grains of the powder of the fruit and never observed the least favorable action; moreover, in one case the powder had the effect of aggravating the condition of the patient, who improved as soon as the treatment was suspended. According to Levascheff, however, if Lenné had continued the treatment a sufficient length of time,

he would have obtained brilliant results. A close examination of the observations of the former, says the writer, shows that the sugar always had a tendency to diminish in quantity.

In criticising afterward the different arguments on which Lenné based his opinions regarding the inefficacy or the danger of this treatment, Levascheff insisted that the diminution of the appetite observed by Lenné in his patients, far from being an inconvenience, was, on the contrary, a very favorable symptom, indicating a useful therapeutic effect.

Gologanti obtained absolutely favorable results, and reached the conclusion from his experience in four cases that the *syzygium jambolanum* must contain an active principle, not very stable, which might be, perhaps, a glycoside, the antizymotic action of which must arrest the formation of the sugar in the organism and weaken the glycolytic ferments.

If the results obtained by the European physicians, says the writer, are different from those obtained by the Indian physicians, it depends, according to Levascheff, on the one hand, upon the variety of the forms of diabetes, and, on the other hand, upon the quality and the freshness of the medicinal preparation.

Picric Acid IN ECZEMA.—M. A. Brousse³⁷ remarks that the kerato-plastic property of picric acid, which has been successfully used in burns, seems to indicate that its employment is proper in the treatment of eczema, certain forms of which present great analogies to superficial burns. In 1889, he says, Cérase employed this drug in seven cases of eczema with excellent results. Dr. McLennan of Glasgow was also very successful in the treatment of acute eczema and eczema of the face with this drug, which he used in a saturated solution. The author himself has obtained rapid recovery in several cases in which he has employed this treatment, the histories of which are given in detail. In cases of lichenoid eczema with a thick epidermis the acid was useless, but in acute oozing eczema accompanied by œdema of the skin it was very useful. Under its influence in one case recovery was obtained in two weeks; in another case, in ten days.

Among the advantages of this treatment are immediate relief produced by the application of the picric-acid solution and the disappearance

of the pain, heat, and itching; the rapidity with which oedematous tumefaction is effaced; and the absolute painlessness of the dressing, even when it is applied to the bare surface of the derma. According to the opinion of the most competent observers, the extensive application of this drug does not give rise to any symptoms of poisoning. Not only is it useful in acute eczema, but it is also useful in the acute attacks of chronic eczema which are so frequent in arthritics, particularly if they are accompanied by oozing and ulceration of the skin; it is equally useful in the seborrhoeic eczema of infancy. The author therefore concludes that this treatment is indicated as follows: 1. In acute eczema. 2. In the acute attacks of chronic eczema, particularly if there is a tendency to oozing and ulceration of the skin. 3. In the seborrhoeic eczema (impetiginous) of infancy. This treatment, he says, is contraindicated in chronic eczema and generally in all those forms of eczema which are accompanied by a thickening of the epidermis (lichenoid eczema). Nevertheless, it has the advantage, even in these cases, of allaying the itching.

Scopolamine Poisoning.—Swan,^{6, 24} of Chicago, relates two cases of poisoning which show its close relation to belladonna and hyoscyamus. For a year he had used it as a substitute for the other mydriatics. Recently he purchased a fresh bottle and instilled some drops of a 1.5 per cent. solution in the eyes of two little girls, each about ten years of age, and not related. In one case it was instilled twice, with an interval of ten minutes; in the second case it was instilled but once. Each was about equally affected. The drug produced symptoms similar to hyoscyamine and atropine poisoning. In fifteen minutes the faces became flushed, and in the case of the one who had had the drug twice applied, the lips, cheeks, and chin became mildly cyanotic. The children lost control of their limbs, could not stand alone, the pupils became widely dilated, the lips dry and cracked, the pulse 150, acute mania set in, with hallucinations of all sorts of birds, insects, and animals flying in the air and creeping over the bed where they lay. They were at the same time jumping, laughing, crying, and uttering inarticulate sounds, with here and there a word

which informed the visitor of their hallucinations. The acme of the intoxication was reached in two and a half hours, when the flushing and cyanosis decreased and they began to regain control of their limbs. The excitement and hallucinations continued during the entire night, and in the case of the one in whom the drug had been twice used until four o'clock the next afternoon. Copious rectal injections of strong coffee were given and hypodermic injections of pilocarpine.

A Belladonna Case.^{9, 29}—Mrs. Sch. complained of violent pains in the sinciput, in the right temple, extending down to the ear, and in the ear tearing, drawing, humming, and roaring as from a torrent. This caused considerable hardness of hearing. The patient felt very unwell, had no appetite, and though she felt a desire for sleeping she could not sleep at night, owing to the nocturnal pains in the head and the roaring in the ears. Belladonna 6 d., three drops in a spoonful of water, taken every two hours, relieved her and brought a quiet, sound sleep. Two days later, when Mrs. Sch. felt almost restored, a sudden and great change in the weather caused her to take cold while walking, and this brought on a recurrence of all the ailments, and the ear symptoms, especially, were much worse. Mrs. Sch. felt as if she heard every now and then a dull detonation, as from a gun, and the hardness of hearing was aggravated to almost total deafness. Belladonna relieved her also this time again, but not as quickly. In fourteen days even the last traces of this severe cold had disappeared.

Thuja IN "URINARY TANTRUM."—Dr. Robert Farley⁹ reports a brilliant cure of a peculiar symptom worth noting.

Two children, æt. about five years, had been waking about two hours after being put to bed in the evening in a violent tantrum, kicking, crying, and refusing to answer a question. Would do this for an hour or more. When asked if they wanted to urinate would refuse to answer, strike at attendant, or even said "No." Finally it was discovered that if taken from bed and put on closet they would urinate fully and then go to sleep readily. One of these little ones finally developed all the signs of incipient inflammation of L. hip joint, and

the study of the case led me to give the child thuja 200, with the result that after the first night there were no more urinary tantrums or need to urinate during the night, and in two months' time the child was in perfect health in all respects, better than he ever had been. His father had gonorrhea, treated by injection, some years before birth of child.

I had for a long time noticed great similarity of the night troubles in these two children, and the result in the one case led me to give thuja to the other child, and there has not been a tantrum since she took it. The father of this child had not had gonorrhea. Their waking with extreme irritability occurred almost every night before the exhibition of the thuja, and has not now occurred for months. The relief was immediate in the latter case and on the second night in the former case.

Tuberculin FOR TUBERCULOUS TESTICLE.—An interesting case reported by Wassily²⁷ is that of W. K., aged twenty, who came to him on March 1, 1894. Six months previously his left testicle had been removed by a surgeon of Kiel on account of tuberculous disease. About a month ago the right testicle began to swell just as the left had done. The swelling had steadily increased without much pain, but soon there appeared fungous granulations and fistula. The swelling was now about the size of a duck's egg, hard; at its upper part there was a soft projection the size of a hazel nut, which felt granular. The spermatic cord was somewhat swollen; there was impotence; slight drawing in the testicle up the spermatic cord was felt. He complained of thirst, drowsiness, soft stools, anorexia, with occasional febrile attacks. In his childhood he had suffered from glandular swellings, and later he had sweaty feet. I prescribed tuberculin 50, three doses on successive evenings. March 20: swelling smaller and softer, appetite improved; drowsiness increased the first five days, afterward less. Prescribed tuberculin 100 as before. May 4: general health much improved, the swelling had opened at the soft part and discharged much cheesy pus; now when pressed some turbid fluid exuded; no trace of hardness or swelling of the spermatic cord. Latterly he had a distaste for butcher's meat, though he had good appetite for

other food. Prescribed silica 30, seven powders, one powder in half a tumbler of water, fourth part every night and morning. As the swelling continued to decrease I continued the same medicine for six weeks, with intervals of a week, until no further improvement took place. On July 10 I gave another dose of tuberculin 200. He returned after ten days and reported that after taking the medicine he felt very ill; had slept almost all the next day. No alteration was observed in the testicle. I prescribed a placebo. August 20: his general health was very good; the swelling was much diminished. The testicle and epididymis were apparently in the normal state, only somewhat swollen. The improvement went on without further medicine until he foolishly indulged in coitus. On September 30, two days thereafter, he came to me and complained of ill feeling, weakness of the knees, and drawing pains in testicle and spermatic cord; the parts were painful to pressure. I prescribed calc. carb. 30, eight powders, one every night and morning. October 7: all the morbid symptoms were gone, and he had nothing to complain of. I prescribed tuberculin 500 for three successive evenings. Without further medicine he was quite well on December 20.

Lachesis FOR ULCER OF THE LEG.—Dahlke²⁷ treated Mrs. S. A., aged fifty-four, rather thin, who had suffered for one and a half years from a bad leg. The right leg is red over a large surface. On its inner side small, deep ulcers, which exude much yellow water. Pain moderate, felt chiefly after scratching. Violent itching, especially at night. The skin on the red part desquamates in great pieces. She feels better in cold than in warm weather. No catamenia for three years. Before the leg became bad she suffered much in her head. Now small pustules on the scalp. Appetite and bowels normal. Constant dryness of mouth without thirst. She says her whole body feels dry, she hardly ever perspires; dry, hot hands and feet. Moderate hemorrhoids and varices. Oppressed breathing, chiefly caused by a sensation of a lump in throat. Must always be in moving air; likes draughts, and does not catch cold in them. Cannot bear heat; cold is agreeable. Nervous (sensitive, given to start); good disposition, nights tolerable. On August 11 she

got lachesis 20, one dose daily. September 12 : the cutaneous eruption is larger, the pain worse. I now gave lachesis 30 in the same way. October 13 : eruption and itching better ; can walk better. General health much improved. The same medicine was continued, and the improvement went on continuously. She was dismissed cured in February.

Ferrum metallicum FOR VOMITING.—Wassily²⁷ reports the case of a woman, aged thirty-two, who has suffered for nine months from periodical vomiting of mucus and food, feels weak, has ebullitions of blood, palpitation of heart, circumscribed redness of cheeks, in the morning cold feet to above knees. In her childhood had glandular affections. Prescribed ferr. met. 30, a dose, every fourth evening. Three weeks later she reported that she had only vomited twice in the first week, but not again. Her general health is much improved ; she has still palpitation on walking quickly. The remedy was continued, and three weeks later she had no complaints to make.

Cuprum Ars. IN ACUTE GASTRO-ENTERITIS.—It is amusing to read of the "discovery" by H. Kruger²⁸ that arsenite of copper in small doses is a "wonderful" drug in gastro-enteritis. He used the remedy in $\frac{1}{1000}$ - $\frac{1}{500}$ grain doses in many cases, and in three reports marvelous results. If he had known the homeopathic indications, he would probably have recognized that those three cases were alone suited to the drug. But no. He reasons that the action of the remedy is undoubtedly that of a bactericide, as is shown by the rapid improvement in the general condition and the prompt cure of the acute gastro-enteritis ; and the bactericidal power of the drug must be enormous, for in most cases $\frac{1}{60}$ of a grain in twenty-hours was sufficient to relieve the dangerous symptoms, and rarely was it necessary to give more than twice this amount, and never more than three times during the course of the disease. Until Dr. Kruger includes in his reading a homeopathic materia medica, he will continue to use this "bactericide" and achieve marvelous results in a small proportion of his cases.

Diamphidia, THE LEAF BEETLE.²⁹—Promise of a valuable remedy, when properly proved, may be seen in the reports of this insect, the juice of

which is used by the bushmen of South Africa for poisoning arrow-heads. Lewin found in its body, besides inert fatty acids, a toxalbumin which causes paralysis and finally death. According to Boehm, the poison from the larva also belongs to the toxalbumins, and Starke states that it causes the dissolution of the coloring matter of the blood and produces inflammation. To obtain a solution of the poison, Boehm recommends maceration of the whole larva with distilled water. After some hours they swell, and the solution becomes light yellow and is acid in reaction. This reaction remains after shaking out with ether. The aqueous solution has poisonous properties, which are destroyed by boiling. It gives the usual reactions of a toxalbumin, and may be precipitated from its aqueous solution by means of sulphate of ammonia.

Pilocarpin FOR EXCESSIVE SWEATING.—An old-school journal comments upon the fact that pilocarpin in minute doses is an efficient anti-sudorific, producing results diametrically opposed to the general physiological action of the drug when given in large doses. In this it resembles ipecac., which, although a powerful emetic in small doses, is used in minute doses for the purpose of controlling vomiting induced by condition of atony of the stomach. The stimulating action of the small doses on the gastric mucous membrane gives place to an emetic effect when the doses are increased. The action of pilocarpine in minute doses has been used as an argument by the homeopaths to support their favorite dogma "simila similibus curentur." The majority of the profession is not prepared to accept this dogma, but it must be conceded that the difference in effects of medicines in maximum and minimum doses has been neglected, much to the disadvantage of scientific pharmacology.

Chlorate of Potassium Poisoning.—Isaacs³⁰ discusses very fully the symptoms of this drug in toxic dose. On the kidneys the first effect is an increased secretion of urine, with irritation of the bladder, which, if the dose has been large enough, is soon followed by dysuria and suppression, which may become complete. The little urine passed is almost black, deposits a sediment containing granular and hyaline

casts and blood corpuscles, and generally also contains a large amount of albumin. After temporary stimulation there is a weak heart-beat, with pulse small and thready or almost imperceptible. Cyanosis is an almost constant symptom, usually with dyspnoea and rigors. Vomiting and diarrhea are constant. The stools are fluid and black or dark-green, or black flocculi in a bright yellow fluid. Tenesmus is frequent. On the blood the salt evidently has a very destructive action, but what this action is does not seem to be understood. It results frequently in the production of a chocolate hue.

On the nervous system the effect of the poison varies from the production of headache and prostration to stupor, coma, or convulsions. Stupor followed by coma, either partial or complete, is generally present in severe cases. Remission, with apparent improvement, may take place, only to be followed by relapse of all the symptoms. Depression may alternate with mental excitement. Paralysis of the muscles of vocalization and deglutition was noted in one case which eventually recovered.

Apis IN INFANTILE CONVULSIONS.—Dr. E. S. Prindle¹⁴ describes the progress of a case of convulsions in an infant three weeks old. A moderate cold seemed to recover in three days. On the fourth day convulsions, strabismus, colic, green stools with curds of milk, were observed. Aconite and belladonna were given, and passiflora in $\frac{1}{2}$ -dram doses. On the two following days, under passiflora and cuprum ars. 2x, the case went from bad to worse.

"On Friday morning," says Dr. Prindle, "the spasms occurred at intervals of half an hour. The tympanites was lessened. No urine had passed since midnight. At noon the spasms were increasing in frequency and were lasting longer. The child was unable to swallow; there was constant moaning; I watched the case for two hours, keeping the patient partly under the influence of chloroform. About 2 P. M. a natural stool was voided; straining at stool had nearly ceased; the hands were cold, face beginning to get puffy, especially under the eyes; at 3 P. M. the patient was cold to the elbows and knees, the pulse was very weak and uncountable, the eyes half open and fixed, and I expected death within an hour.

"While watching the case and endeavoring to make the end as easy as possible I had an urgent call on another street, and told the parents there was little or no hope, but as a last resort I would give another remedy. Apis, 3x trituration, was placed upon the child's tongue and allowed to dissolve there, as the patient had not swallowed since the morning of that day. I did not even return, after making the new call, expecting that the child would be dead; but at five o'clock I was agreeably surprised by the father coming in to tell me that they did not know what to make of the baby, he was crying so loud. On going to the house I found that, soon after giving the apis, the child had turned pink all over, as they expressed it, and in an hour fairly flooded his clothes with a flow of urine, and since then had been crying. On examination I found the reaction complete, and, concluding his cry was one of hunger, gave him a bottle of breast milk, and soon the youngster was in a sound and natural sleep, and went on to an uneventful recovery."

Carduus Marianus IN VARICOSE VEINS.—Dr. S. J. Smith,³⁸ Filley, Neb.—. . . In after years I learned of a successful treatment for this condition. So when Mrs. B. called on me and asked if I could do anything for her varicose veins, caused by pregnancy, I told her yes. I have attended her twice in confinement. Each time she has used the medicine with good results. Mr. K. consulted me about varicose veins in his wife—"her third pregnancy. With each child she had this trouble with her legs. Her mother had been troubled in the same way." Everybody said that nothing could be done for it, but he thought that there ought to be some relief. I told him that there was, gave him the following medicine, and the results were satisfactory:

R Cardus marianus..... 3 ij
Elixir simplex..... 3 vj
M. Sig. One teaspoonful four times a day.

As near as I am able to learn, the credit of calling the attention of the profession to the use of this remedy in this disease is due to Dr. Windleband, [a homeopath] of Berlin. I never have found anything on this remedy outside of homeopathic literature, where they say: "It is especially indicated when there is a relaxed state of the mucous membrane of the stomach,

as evidenced by recurring flatulence and diarrhea, especially when the stools are clay-colored ; specific against some diseases of the liver, spleen, and kidneys, caused by the abuse of alcoholic drinks, especially beer ; specific against varicose ulcers of the lower extremities. Dose, from 1 to 5 drops of the mother tincture given three times a day. . . ."

Correspondence.

AMERICAN HOMEOPATHIST :

The arrival of the AMERICAN HOMEOPATHIST, with its paragraph about the Southern Homeopathic Medical Association, has aroused my official conscience to the fact that I have been guilty of a sin of omission in not sending you ere this a report of the meeting of the Southern Homeopathic Medical Association.

As was announced, the meetings were held on the 19th, 20th, and 21st of October, in the assembly room of the Tulane Hotel. There was not that large crowd of physicians present which we had fondly hoped would be attracted by the excellence of the programme announced, the glories of the Tennessee Centennial, and, most alluring of all, the cheap railroad rates. In fact, the attendance was discouragingly small at the opening session, but the energetic officers proceeded to business, and by degrees the doctors gathered in from North, South, and West, and the session was perhaps more enjoyable because of the informality of the meetings.

Very few of the bureaus were presented entirely, in most cases the chairmen themselves failing to be present ; but some very excellent papers were read and there were spirited discussions, which seemed to be of more practical value than the papers.

Dr. Chislett of Chicago conducted the bureau of surgery and Dr. Cobb that of pedology, and to these two gentlemen the Southern Association was indebted for two of the most interesting bureaus. The bureau of materia medica, under the direction of Dr. Meninger of Topeka, was sadly wanting, being represented by only one paper—from Dr. Wilson of Clarksville, Tenn.—but this was of such value and strength that perhaps the single dose was as efficient as if it had been oftener repeated. The Nashville Hahnemann Club entertained the Association with a reception on Wednesday evening at the Woman's Building on the Centennial grounds. Several of the doctors were accompanied by their wives ; Mrs. Duffield of Huntsville, Mrs. McElwee of St. Louis, and Mrs. Cobb of Chicago being welcome visitors.

The officers for the following year are : Presi-

dent, Dr. Lizzie Gray Guthertz, St. Louis ; first vice president, Dr. Walter Duke, Nashville ; second vice president, Dr. Whitman, Beaufort, S. C. ; recording secretary, Dr. W. E. Reily, Bowling Green, Mo. ; treasurer, Dr. A. M. Duffield, Huntsville, Ala. ; corresponding secretary, Dr. Frances McMillan, Nashville.

Among those present who added greatly to the interest of the meeting were Drs. Walton and Monroe ; Dr. Henry of Montgomery, who was vigorous as of old in all discussions ; Dr. Stout of Jacksonville, and Dr. Sarah Mill-sop of Bowling Green, Ky. Birmingham, through Dr. Ballard, invited the Association for '98, and a very good meeting is anticipated with such a capable president at the head of affairs as Dr. Lizzie Gray Guthertz.

Very cordially,
FRANCES McMILLAN, Cor. Sec.

NASHVILLE, November 19, 1897.

Book Reviews.

ELECTRO-THERAPEUTICAL CATALOGUE OF THE
McINTOSH BATTERY AND OPTICAL CO.,
521-531 Wabash Ave., Chicago.

This book of very nearly 300 pages is worthy of a review notice in that it gives large space to many valuable papers on the use of electricity as applied in its various ways for the surgeon, as well as the specialist and the general practitioner. And it is unique in that it gives articles of clinical value, written by eminent specialists, filled with the very best illustrations of the apparatus needed for treating similar cases. The subject of electricity, while still in its comparative infancy, has made some masterful strides in the past ten years, and especially as it applies to the medical art. It is no longer the make-believe cure-all of the traveling doctor ; it has taken rank with the foremost agents in the restoration of health and vigor. Formerly the chief value of electricity seemed to center in the electric belt, which in those earlier times cost the snug sum of ten dollars. Then also a few families here and there had a little household battery, which was used upon every occasion of illness. But, to-day, a good electrical equipment is one of the essentials of every well-regulated medical office. Its value in the treatment of many forms of female troubles is not to be denied. And in paralysis, and in nervous disorders in general, it would be a herculean task to make much headway toward a cure without modern electrical appliances. The McIntosh Battery and Optical Co. is noted all over the United States for the excellence of its wares ; a reading of the present catalogue,

and a study of the graphic engravings, will show that they are far in advance in this specialty. The catalogue ought to be seen by every practitioner. It is full of valuable suggestions and practical points.

Globules.

A recent *Clinique* has a full-page, half tone picture of Dr. A. K. Crawford which is a speaking likeness. Indeed, it is a handsome picture of a handsome man.

The *North American Journal of Homeopathy* contains a spirited editorial in defense of the American Institute, answering the Strickler and Dale attacks. But it concludes by almost admitting that the attacks were justified, by inviting expressions of opinion looking toward the correction of Institute wrongs.

As the *Minneapolis Argus* points out, the expression in our barber editorial, "demi-mondaine," was improperly used. Just what the expression was that we used or intended to use we do not now recall, and our copy box is several miles away. But we are pleased to note the familiarity of our brother editor with the correct definition and also the need there of antiseptics. Our study of French and the French customs has not got us as yet to that point. Thanks!

We learn from one of our exchanges that Editor Arndt is at work on a work on Homeopathic Therapeutics. We are confident, in advance of seeing the book, that it will be a masterful handling of the subject. We would like to caution him, however, that he cannot expect it to be very popular nor up to date if he builds it upon the present "imperfect" and "full-of-chaff" materia medica. And also that he must spell it with the diphthong. This will make it seem more progressive—to go back to the spelling of a hundred years ago, which our English brethren have long since discarded.

The *Homeopathic Journal of Surgery* is to be the latest and newest acquisition to the field homeopathic, and especially to the field surgical. And naturally our indefatigable brother, C. E. Fisher, who has already no time to eat his "vittels," is at the head of this new enterprise. It is the busy man who has time to do things. We believe there is a distinct field for this venture and welcome it most heartily to that field. Its annual subscription is to be \$5. This may seem a *leettle* stiff to the general practitioner; but this is a surgical journal for surgeons, who are proverbially the moneyed men of the profession. Lookin' at yez!

There is no such thing as "growing pains," says Dr. Irving S. Haynes, in *N. Y. State Medical Reporter*. They mean mischief, and the doctor who uses such a phrase is either too ignorant or too lazy to find out their cause. They mean Potts' disease, and the doctor does not find it out until the limp or the hump in the back appears.

The *Denver Journal of Homeopathy*, as was, is now *The Critique*. We congratulate the editors upon the change, for the former name was too long and unwieldy for modern use and quick firing. Now, if the *Pacific Coast Journal of Homeopathy* will oblige us and shorten itself up into *The Spectator*, or *The Observer*, or *The Examiner*, we would be grateful, and perhaps other of our three-ply-titled journals may take the hint.

How about the Hahnemann Monument Fund? What has become of the several new plans evolved at and immediately following the Buffalo meeting? Has the novelty worn off after passing a few "hurrah" resolutions and appointing of large and ultra-respectable Committees? We have a great deal more hope of the success of the Ladies' Association than of all the others. When the ladies get down to business, then we will hear something worth listening to!

Still They Come. Dr. William I. Tyler of Niles, Mich., writes under date of November 20, that during Harrison's administration Ionia Co. had a solid Homeopathic Board, viz.: Drs. Allen of Portland, Allen of Ionia, and Grant of Ionia. During Cleveland's last term Dr. G. R. Herkimer of Dowagiac was a member of the Board. Dr. J. S. Nitterauer of Antonagon, Mich., is another of Harrison's appointees. We regret more than ever the error which crept into a former issue of the AMERICAN HOMEOPATHIST in regard to this matter, and are glad to know that this great and good government has not given the homeopaths the cold shoulder in every thing.* Let us hope that some day the gates of "paradise"—the Army and Navy—may also be thrown open to us. Certainly, if the homeopathic influence could be once introduced into Army circles, there would soon cease to be occasion for any such dastardly treatment of a private as that which is now holding the public eye in the Hammond case. The homeopathic practice is conducive to mildness, as may be noted in the treatment of criminals and the insane. The heroic measures and heroic doses meted out by the dominant school belong to that age when largeness and materiality and grossness were in the ascendant. Die Milde Macht ist gross!

* Note a letter on this subject by Dr. Deuel of Chittenango, N. Y.

The *Homeopathic Recorder* has "Some of Dr. Ad. Lippe's Key-Notes," furnished by that student of homeopathy and its representatives, Dr. Thomas Lindsley Bradford. These brief notes have chief reference to Nitric Acid, and, like the remedy itself, are sharp and pointed.

Amateur barbering is not always a profitable business. "The medical students who robbed Mr. Doolittle of his whiskers were fined \$7.50 each, and Mr. Doolittle has more whiskers where the others came from."—*Leader*.

Mr. Doolittle is a Senior in the Western Reserve Medical College and was made the subject of a little medical college rowdysm. If this same summary fashion of dealing with the hazing rowdies of any and all colleges were more often indulged in, perhaps presently this disgraceful horseplay would soon become a thing of the past, to the great delight of all lovers of true fun and—some College Education.

The Metropolitan Post-Graduate School of Medicine (Homeopathic) of New York has sent out its Annual Announcement, which sets forth the usual order of good things. We are glad to notice this very excellent institution because we have reason to believe and know that it is exactly what its announcement announces it to be—a first-class post-graduate school. A school having in its faculty such eminent men as McMichael, Deady, the Helmuths, Leal, Boynton, O'Connor, Carleton, and a number of others equally well-known (as well some excellent women teachers), teaching everything that is necessary for the most advanced course, is worthy of the cordial indorsement and support of the homeopathic profession.

The annual banquet of the Hahnemann Association of New York was held at Delmonico's on Thursday evening, November 18, 1897. There were present about one hundred ladies and gentlemen, who were unanimous in voting the meeting a great success. The postprandial speaking was opened by the president, Dr. F. E. Doughty, his subject being "The Trend of Modern Medicine and Surgery." The meeting was then turned over to the toastmaster, Mr. John C. Coleman, who introduced with characteristic felicity the succeeding speakers.

The following officers were elected for the ensuing year: President, Dr. Geo. G. Shelton; first vice president, Dr. Charles F. Adams; second vice president, Dr. W. W. Blackman; third vice president, Dr. M. Belle Brown; recording secretary, Dr. H. S. Hathaway; corresponding secretary, Dr. Geo. W. McDowell; treasurer, Dr. Alton G. Warner; member of executive committee, Dr. F. E. Doughty.

The object of the Hahnemann Association is to advance the cause of homeopathy, and ladies

and gentlemen, both lay and professional, will be welcomed to its membership.

A hospital ward patient, his cot being the second the physician visited on making his rounds, begged one day to change beds with his neighbor, and when the doctor pressed him for his reason he declared that he had gotten tired of having the thermometer put into his mouth after it had been in his neighbor's rectum. He wanted it put in his mouth before the other fellow's temperature was taken.

A Graceful Compliment.—On the day following the giving of his address to the Cleveland Homeopathic Society, lately, Dr. Selden H. Talcott was invited to visit the Hospital for the Insane at Newburg (Cleveland) and in company with a number of local physicians accepted the invitation. At the railroad station the superintendent's carriage was waiting to bring the distinguished guest to the hospital, where he was received and shown every courtesy befitting his eminent place in this specialty. At the conclusion of the formal visit through the wards and after examining the hospital the party was entertained by the superintendent, Dr. Eyman, with a pretty little lunch at which all formalities were laid aside. When we add that this hospital is an old-school institution and that Dr. Eyman is also a member of that school, the reason for our remarks and the title of this article will be apparent.

A Homeopathic Coroner.—Dr. A. Perry Bowman, of No. 512 Fourth Street, Sioux City, Ia., at the recent election held in that county, was elected coroner; being the first homeopath to hold that office in that county. The allopaths combined against him regardless of party, but Dr. Bowman's majority was 420. As the county contains a population of over seventy thousand, it may be easily understood that the office to which our good brother has been elected carries with it great responsibilities. We extend to him all congratulations and good wishes. This also reminds us to say that Dr. Bowman is another homeopath to add to the list of pension examiners. He was appointed in 1888 and served until 1891. It, therefore, become more evident with each day that Dr. Faulkner is far from being the first or only homeopath who is United States pension examiner, as was stated in one of our former issues.

WIT AND WISDOM (a new department) see page XII.

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